

Student Recital Change of Date/Venue Form

This form must be completed in its entirety by any student wishing to change the date or venue of their student recital.

Student Name: _____ Student Email: _____

Instructor Name: _____ Advisor Name: _____

Original Date/Venue: _____ Proposed Date/Venue: _____

Reason for change:

I agree to this date/venue change, and I will be present at the recital.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Advising Liaison's Signature: _____ Date: _____

Once form is completed and all signatures have been obtained, please return this form to Dr. Jamie Bartlett in The Music Building, Room 214 or email it to jcbart@wm.edu.