



UNIVERSITY OF OREGON

School of Music and Dance

MarAbel B. Frohnmayer Music Building
961 E. 18th Ave. Eugene OR 97403-1225



GRADUATE RECITAL SCHEDULING FORM: I

Degree Recitals may be tentatively scheduled following these guidelines. **HOWEVER**, students will receive final confirmation of recital dates via email from the Calcium scheduling program.

For degree recitals: Fall termafter August 1st
Winter termafter mid-November
Spring term.....after Beginning of Winter term

Please see "Procedures and Policies for Music Graduate Students" regarding recital policies.

1. Secure possible recital dates from list posted on room 160 according to schedule listed above.
2. Complete both sides of this form and submit to Music Graduate Office, room 154.
3. After approval of this form by the Music Graduate Office, you will receive notification of a selected recital date via Calcium scheduling program. Recital fee is paid at this time.
4. Recital date will be confirmed by scheduling office when the pre-recital hearing is successfully passed and an electronic copy of the final program, approved by the faculty committee, is submitted to the Graduate Office.

Requests will be processed in order of receipt.

Received: _____

Name: _____ Phone: _____ E-mail: _____

DATE OF REQUEST: _____ (For office use only: Date on hold Fee paid Confirmed)

TYPE OF RECITAL REQUESTED: (check one) Doctoral Master's

LIST FOUR PREFERRED DATES AND TIMES FOR YOUR RECITAL IN ORDER OF PREFERENCE:

	Month	Day	Time	Concert Manager Initials	
1.	_____	_____	_____		_____
2.	_____	_____	_____		_____
3.	_____	_____	_____		_____
4.	_____	_____	_____		_____

SPACE REQUESTED: (check one)

- Beall Concert Hall (degree recitals only)
- Other _____
(Graduate recitals off-campus require the Graduate Committee and Graduate Director's approval.)

Will not be accepted without Part II (see reverse)

REQUIRED SIGNATURES (if applicable):

Recording Engineer: _____
(Recitals are automatically scheduled for recording. Signature is required for additional electronic needs only.)


Harpichord/Organ: _____
(see Barbara Baird, room 162B)

(Revised 1/13/2011)



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Permission to Schedule Graduate Composition or IMT Recital *Graduate Recital Scheduling Form: Part II*

Note:  Students must file this two-part form with the Music Graduate Office **one month prior** to the recital.

- The Music Graduate Office will notify the student and the Assistant to the Dean in Room 160 when approved. It is important to remember that no recital date will be confirmed without this form.
- **Students must report any changes** to the date or time for the recital **or** committee to the Music Graduate Office.

Student Name: _____ Degree: _____
last first MA, MM, DMA, PhD

What degree requirement will this recital fulfill?

Master's in: _____

Doctoral primary area in: _____

Doctoral supporting area in: _____ *Major/Academic Area*

Proposed Date(s) of Recital: _____

We agree to work with this student and attend the Recital (date(s) to be finalized with Assistant to the Dean).

Committee Members (printed or typed):

Signatures:

Adviser/Chair 1. _____

2. _____

3. _____

Approved by the Director of Graduate Studies:

Signature Date

MUSIC GRADUATE OFFICE ONLY

Rec'd _____

Database ___ Calendar _____

Beall Hall Mgr Notified _____

Note: This form will not be accepted without Part I