**Student Performance Scheduling Request Form**

**Student, Ensemble or Organization Name** ____________________________________________ **Local Phone #** ____________________________ **Z-ID Number** ____________________________

If chamber ensemble, list other individuals involved:

<table>
<thead>
<tr>
<th>Type of Recital</th>
<th>Degree Program</th>
<th>Required for Graduation?</th>
<th>Location</th>
<th>Other Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>___Graduate</td>
<td>___</td>
<td>___Yes</td>
<td>___Concert Hall</td>
<td>___Audio/Visual</td>
</tr>
<tr>
<td>___Senior</td>
<td>___</td>
<td>___No</td>
<td>___Recital Hall</td>
<td>___Harpsichord</td>
</tr>
<tr>
<td>___Junior</td>
<td>___</td>
<td>___</td>
<td>___Other:</td>
<td>___2nd Piano</td>
</tr>
</tbody>
</table>

Are you using an accompanist?_____ **Dates accompanist is available** in a three week period of time (**Please list up to 10 dates and times in order of preference**):

Signature of Accompanist ____________________________________________ **Date** ____________________________

**Dates applied instructor/faculty advisor is available** in a three week period of time (**Please list up to 10 dates and times in order of preference**):

Signature of applied instructor/faculty advisor ____________________________________________ **Date** ____________________________

**N.B. By signing, the applied instructor or faculty advisor authorizes the performance by his/her student or organization and attests that the student has achieved the appropriate level of development necessary to present a recital for the undergraduate or graduate degree being sought, or that the organization is sufficiently prepared to represent the School of Music at an appropriate level of public performance. Additionally, the faculty member’s approval of the above dates signifies that he/she is available on those dates, and will attend the performance.**

**Dates the student/performers is/are available** in a three week period of time that corresponds with both the accompanist’s dates and faculty member’s dates listed above (**Please list up to 10 dates and times in order of preference**):

For Required Graduate Recitals Only:

Signature of Mr. James R. Brown, Coordinator of Graduate Studies ____________________________________________

**Additional Comments:** ____________________________________________

I have read and understand the Student Recitals section of the Student Handbook (link to the handbook). Also, I understand that I will be billed for any damages or necessary clean-up in the performance hall, or concert hall lobby, after the recital or any rehearsals.

**Student Signature** ____________________________________________ **Date** ____________________________

Return this form, signed to the Large Ensemble Office, Room 156. Please allow three business days for processing, but be aware that during the beginning and at the end of the semester work load in the LEO is quite heavy. Allow extra processing time during these peak times.

*Extra tuning time required for piano recitals*

**Office Use Only: $10 check to “NIU”**

<table>
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<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
</tr>
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</table>