

AUTHORIZATION AND REQUEST FOR A VOICE RECITAL HEARING

Student's Name: _____

Email: _____

Hearing type: (Please circle one)

B.M.E. Senior

B.S. Senior

B.M. Junior

B.M. Senior

M.M.E.

M.M. #1

M.M. #2

P.D.

The date requested for the hearing is _____
(Please consult prepared calendar for hearing dates)

The recital is scheduled for _____
(Date of recital)

This hearing is authorized by _____
(Teacher signature)

All applicants for recital hearings before the Voice Faculty of the Indiana University School of Music must present a copy of this authorization, filled out by the applicant's teacher, to the Voice Department Office by the Wednesday previous to the hearing date. The Authorization should be placed in the designated envelope on the bulletin board outside of the Voice Department Office (between MU 105 and MU 104B).

It is the responsibility of the applicant to be present, with accompanist, at the time and place designated for the hearing. If the applicant is already a student at Indiana University, they must provide their own accompanist. Cancellations of hearing appointments should be made by Monday noon immediately previous to the hearing date indicated above.