

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 Arts Center, Room 214 or email it to jcbart@wm.edu.