



## Kitt School of Music Student Recital Request Form

A completed copy of this form is **REQUIRED** before the recital will be booked. Submit a hard copy to the KSOM Main office or scan and e-mail to [Music@nau.edu](mailto:Music@nau.edu)

Name: \_\_\_\_\_

Recital Partner (if applicable and known) \_\_\_\_\_

NAU Student Email: \_\_\_\_\_

Voice Type/Instrument: \_\_\_\_\_

Recital type: ☐ Junior ☐ Senior ☐ Graduate (PLEASE NOTE: ALL non-percussion junior recitals **MUST** have a partner.)

☐ Standard recital with grand piano, music stand if needed, pedestal for flowers or water glasses on stage  
(nothing extra)

Specialized needs (subject to Admin Approval): ☐ no piano ☐ AV equipment ☐ small ensemble setup  
☐ other instruments \_\_\_\_\_ (e.g., harpsichord)

All other needs should be communicated via email to [music@nau.edu](mailto:music@nau.edu)

Proposed Dates and Times with Alternates: \_\_\_\_\_

(Proposed Dates with Alternate Dates must be approved by faculty and accompanist(s) before submitting form.)

Accompanist Name: \_\_\_\_\_

Accompanist Signature(s): \_\_\_\_\_  
I confirm my availability for the dates listed above.

Studio Teacher Name: \_\_\_\_\_

Studio Teacher Signature: \_\_\_\_\_  
I confirm the recital is required for the student's degree and that the above information is correct and accurate.

School of Music Office Signature: \_\_\_\_\_  
(Verifying degree requirement.)

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### To Be Completed by Staff:

Confirmed Concert Date: \_\_\_\_\_

Confirmed Concert Time: \_\_\_\_\_

Confirmed Concert Venue: ☐ Ardrey Memorial Auditorium ☐ Kitt Recital Hall ☐ Other

Calendar input date : \_\_\_\_\_ Signature: \_\_\_\_\_