Student Recital Contract

Printed Name: __________________________ Instrument/Voice: __________________________

Email: __________________________ Phone: __________________________

Student Performance times are Mon-Fri 6:00 or 8:00 pm, Sat–Sun 12:00, 2:00, 4:00, 6:00 or 8:00 pm.

Check One Box: 
- Doctoral 
- Masters 
- Undergraduate 
- Performance Diploma

Check One Box: 
- Non-required 
- Required

Check all that apply, if using MSU Recording Services:
- Audio 
- Video

All required Grad degree recitals MUST be recorded. If you are using College of Music Recording Services, contact:
receserv@msu.edu http://music.msu.edu/recording-services

Keyboards Needed
- Piano 
- 2 Pianos 
- Organ 
- Harpsichord

Do you have this date as a Recital Hold on the scheduling calendar?  
Yes [ ] No [ ]
(If yes, this recital contract is due within 5 business days from the approved hold date.)

Please complete, if recital is being held at the College of Music:

Hall/Room Location: __________________________ Date: __________________________ Time: __________________________

Please complete, if recital is being held at a location not at College of Music:

Off-Campus Location: __________________________ Date: __________________________ Time: __________________________

Per College of Music policy, canceling a recital may preclude an individual from rescheduling until the next semester.

Dress Rehearsal Information

Required performances for Masters, Doctoral and Performance Diploma = 4 total hours
- Grads may reserve 2 hours upon submitting this contract, and another 2 hours upon submitting Hearing Approval Form

Required performances for Undergrads = 2 total hours
- Undergrads may reserve dress rehearsal times within 14 days of the recital

Non-required performances for any level = 1 total hour dress rehearsal time. This may be reserved within 14 days of the recital

Any level may schedule 1 additional hour of dress rehearsal time, if within 7 days of the recital

The additional hour must be within 24 hours of the recital.

I, the undersigned, have reviewed and will comply with all recital policy requirements.

Student Signature: __________________________ Date: __________________________

Faculty Signature: __________________________ Printed Name: __________________________

Rec’d Date: __________________________ Rec’d Time: __________________________
Staff Initials: __________________________ Scheduler Updated Date: __________________________
Scanned Date: __________________________ Staff Initials: __________________________