

**IWU School of Music Voice Department  
Recital Hearing Sign-up**

Name of Student \_\_\_\_\_

Proposed date and time of recital \_\_\_\_\_

Applied Professor \_\_\_\_\_

Accompanist name (printed) \_\_\_\_\_ Initials \_\_\_\_\_

Shared with (student name) \_\_\_\_\_

This form must be signed by every member of your hearing committee and initialed by your accompanist. Recital hearings are to take place at least four weeks before a proposed recital date. Voice hearings normally take place in Room 161 on Thursdays between 4 and 5 p.m., but can be scheduled for any time. No recital can be given without passing a hearing first. For shared recitals, each performer must complete this form. Please return this form to your applied teacher.

I have read and fully understand the Recital Hearing Policies.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
date

Date of hearing \_\_\_\_\_

Degree: \_\_\_\_\_ Graduation Year \_\_\_\_\_ Required recital? Y / N

Faculty Hearing Committee  
(3 members for degree recital, 2 for non-degree recital)

\_\_\_\_\_  
Faculty - print name

\_\_\_\_\_  
signature

\_\_\_\_\_  
Faculty - print name

\_\_\_\_\_  
signature

\_\_\_\_\_  
Faculty - print name

\_\_\_\_\_  
signature