

Change of Recital Date/Time Request Form

Name: _____ Date: _____
Phone Number: _____ Email: _____
Instrument _____ UNT ID#: _____

Original Recital Time/Place: _____

Original Committee Members:

Major Professor: _____
Type Here

Area Committee Member: _____
Type Here

Area Committee Member: _____
Type Here

New Recital Time and Place: _____

Approvals: *The student wishing to change a DMA recital date/time must obtain the signatures of each member on the revised recital committee in order to reschedule the program. By signing this form, the committee member acknowledges the new date and time and agrees to attend the recital.*

Major Professor: _____
Type Name Signature

Committee Member: _____
Type Name Signature

Committee Member: _____
Type Name Signature

Submit this form to the Graduate Office Administrative Assistant for approval.

GPDC Chair's Signature/Date: _____