You must provide proof of payment from Marketplace to Kelli Irwin BEFORE we are able to reserve a recital time (Hardcopies, forwarded email, or scanned receipts are accepted.) NOTE: THIS PAYMENT IS NON-REFUNDABLE, there are also no cancellation refunds.

You must set up a Jury Recital date with your instructor and check on availability of that date with Kelli Irwin. All inquiries regarding date availability need to be sent via email to kli003@shsu.edu. After deciding on a date you must provide Kelli with a completed Student Recital Request Form.

After passing the Jury Recital, turn in the signed and dated, approved/passed Student Recital Jury Report to Kelli/School of Music Office.

Only after we have received the Marketplace recital payment verification, Student Recital Request Form, and the passed Student Recital Jury Report will Kelli be able to reserve you a recital and dress rehearsal. All recitals must be scheduled a minimum of 4 weeks prior to the recital request date.

The Program Recital Form must be turned in or emailed to Patricia Duran in person or at patriciaduran@shsu.edu and the Technical Needs Form and the Video Record Permission Form (if applicable) must be turned in directly to Dr. Patrick. His office is located in the PAC, room 158. IMPORTANT: This must be sent a MINIMUM of 2 weeks or 10 Business Days prior to Recital.

IMPORTANT NOTE: If you do not turn in the required forms to each appropriate contact by the required deadlines, this could result in: no programs, no concert attendance workers, and no recording engineers at your recital! ALL deadlines must be met, no exceptions! Additionally, Kelli Irwin and Patricia Duran must be made aware two weeks in advance of any cancellations for recitals.

Standard Scheduling Recital Times:
These are the standard times for recitals: **11:30am, 1:30pm, 3:30pm, 5:30pm, and 7:30pm**

Recital Reception Order Form:
Kindly note that Sigma Alpha Iota does offer reception packages. If you are interested, please notify the front desk and they will be able to provide you with a Sigma Alpha Iota Reception order form.
Below is more in-depth information regarding the updated guidelines, fees, and charges concerning reservation for your student recital. Any time you have made a payment, proof of purchase must be submitted to the School of Music office.

### Student Recital Fee:

All student recitals must now be paid for in advance, in addition, we must also receive your Student Recital Request Form before your recital will be scheduled. The recital fee is $50. To pay this fee go the School of Music Store → Merchandise → and click on the Recital Fee. Proof of payment via Marketplace must be provided to Kelli either via email or a copy of the receipt can be brought to the office.

### Change of Date Request: (additional charge)

There is an additional $20 charge for any recital date change request. This $20 fee is to be paid in addition to the $50 recital fee. To pay this fee go the School of Music Store → Merchandise → and click on the Recital Date Change Fee Product. Proof of payment via Marketplace must be provided to Kelli either via email or a copy of the receipt can be brought to the office.

### Cancellations: (no refunds)

If a date has already been scheduled for your recital and it is later determined that you want to move the recital to the next semester or cancel, please note that there are no refunds.
# Student Recital Request Form

**Deliver to: Kelli Irwin at the school of Music Office.**

<table>
<thead>
<tr>
<th>Student name:</th>
<th>Student ID:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Email:</th>
</tr>
</thead>
</table>

**Applied Instructor:**

**Instrument/Voice Type:**

**Recital Type:**

- [ ] Degreed
- [ ] Non-Degreed

- [ ] Degreed
- [ ] Undergraduate (bachelor’s degree)
- [ ] Graduate (master’s degree)

- [ ] Collaborative (if checked, fill out box below)

If **Collaborative**, complete the blanks below:

- Accompanied By: ________________________________
- Instrument/Voice Level: ________________________________
- Is soloist performing for credit?: [ ] YES [ ] NO

**Requested Dates:**

- Recital Request Date: ________________________________ Time: ________________________________
- Dress Rehearsal Date: ________________________________ Time: ________________________________

**Signatures:**

- Student Signature: ________________________________ Date: ________________________________
- Instructor Signature: ________________________________ Date: ________________________________

---

<table>
<thead>
<tr>
<th>Page</th>
<th>3</th>
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</table>

*Last Revised: 03/07/2019*
# Student Recital Jury Report

*Deliver to: Kelli Irwin at the school of Music Office.*

<table>
<thead>
<tr>
<th>Today’s Date:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Student name:</td>
<td></td>
</tr>
<tr>
<td>Student ID:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
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<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Applied Instructor:</td>
<td></td>
</tr>
<tr>
<td>Instrument/Voice Type:</td>
<td></td>
</tr>
</tbody>
</table>

### Recital Type: (check box)

- Degreed
- Non-Degreed

- ½ Recital
- Full Recital
- Collaborative
- Undergraduate (bachelor’s degree)
- Graduate (master’s degree)

((Check all that apply))

_______________________________________________ has passed his/her recital jury.

(Student’s printed name)

### Recital Committee Signatures:

_______________________________________________

_______________________________________________
STUDENT RECITAL PROGRAM FORM

This document may be downloaded from SHSU School of Music website.

NOTE: It is extremely important you email your complete program information
A MINIMUM OF 10 BUSINESS DAYS PRIOR TO YOUR RECITAL.
Failure to do so will result in a generic program with no music listing at your performance.

Email this info to Patricia Duran at: PatriciaDuran@shsu.edu

Name (as it will appear on program): ____________________________________________________

Instrument/Voice type: ________________________________________________________________

Piano accompanist: ________________________________________________________________

Applied instructor: ________________________________________________________________

Additional performers: please list additional performers on the pieces in which they are performing

Recital Details: Date: _____________ Time: _______________ Location: _____________

Number of programs requested (if more than 40): __________

Type of Recital (circle one): Undergraduate (bachelor’s degree) Graduate (master’s degree)

PROGRAM INFORMATION

Each piece should follow the format below and include complete title (with date, opus number,
or other appropriate designation), movement names, composer name, and composer years:

Piece Name (include opus number or date of composition) Composer Full Name
Movement name or tempo designation (birth year - death year)
Movement II name or tempo designation

Musician, instrument

Include Pause or Intermission where applicable.

Pause: 15 minutes or less, small break for set-up, audience stays seated
Intermission: 15-20 minutes, longer break where audience can get up, use restroom, etc.

A proof (draft) will be emailed to you for review a few days before your recital, after which they are printed. Your programs
will then be delivered by the School of Music to the GPAC box office for distribution at your recital.

Note: Program notes/bios (when desired) are not included in student recital programs. It is the student’s responsibility
to create/format/print program notes separately.
Gaertner Performing Arts Center
Student Recital Technical Form

The “Technical Needs Form” must be submitted at least two weeks before your performance. If it is not, the help that the Technical Crew can offer will be limited. After submitting your form, you need to set up a meeting with Dr. Patrick to discuss all the details of your Recital/Concert. This will include discussing your program, if there are any set changes (stands/chairs moving), if you have certain needs for audio/video playback and in what format you need to have them ready, etc.

Please note that we do still offer a video recording of your recital upon request. In addition, we are offering another option, if you choose not to have the School of Music video record your performance you must sign the following form and turn it into Dr. Patrick one day before or the Friday before noon for weekend performances. If you have not turned in the form, or if you did not ask for the School of Music to record, you will not have a video recording of your performance.

This form is to be turned in at least TWO WEEKS before your recital. If it is not, the help that the Technical Crew can offer will be limited.

After you have submitted your form, you need to set up a meeting with Dr. Patrick at least ONE WEEK prior to your recital/concert to discuss the details. This will include discussing your program, stage set changes, and any other details to help make your recital a success.

Fill out this paper form and turn it in to Dr. Patrick personally.

If you have not properly reserved the room, this form will not be honored. Please make sure you have the room booked and confirmed.

Have you reserved the space with Kelli Irwin in the Music Office? ______

<table>
<thead>
<tr>
<th>Name(s)</th>
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<tbody>
<tr>
<td>Performance Venue</td>
</tr>
<tr>
<td>Recital Hall __________  Other (specify) _________________</td>
</tr>
<tr>
<td>Performance Date and Time</td>
</tr>
<tr>
<td>Performance Type</td>
</tr>
<tr>
<td>Solo ________ Chamber ________ Shared ________ Other (specify)______________</td>
</tr>
<tr>
<td>Lesson Instructor(s)</td>
</tr>
<tr>
<td>Email(s) and Phone Number(s)</td>
</tr>
<tr>
<td>Rehearsal Date(s) and Time(s) in Performance Venue</td>
</tr>
</tbody>
</table>

Last Revised: 03/07/2019
Recital Packet
Name(s)

Performance Date and Time

<table>
<thead>
<tr>
<th>Equipment Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Chairs __________ Number of Music Stands ______</td>
</tr>
<tr>
<td>Piano: A B C (C requires authorization from Dr. Rus here __________)</td>
</tr>
<tr>
<td>Harpsichord Organ</td>
</tr>
</tbody>
</table>

**Do you plan to use Sound Reinforcement?** Yes _____ No _____
*Describe in detail on a separate sheet.*

**Do you have Media Playback?** Yes _____ No _____

Type: Audio Only _____ Video Only _____ Audio & Video _____

Media: CD _____ DVD _____ Other: *(specify)* __________________

Note: Use of the Recital Hall projector will result in less than optimal recordings

*All Media must be provided 24-hours in advance for testing to ensure proper operation. (Thursday at Noon for Saturday, Sunday, and Monday recitals/concerts)*

**Other Technical Needs:**

**Stage Plot** (if more than two setups, attach a separate sheet with stage plots)

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<tr>
<th>Setup 1</th>
<th>Setup 2</th>
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<table>
<thead>
<tr>
<th>Do you want to use your own Video Recording Device?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>If yes, a Video Recording Form is required with this form.</td>
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<tr>
<th>Performer Signature (s)</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Music Technical Coordinator Approval Signature</th>
<th>Date</th>
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</thead>
</table>

*Form is not valid without Music Technical Coordinator' Signature*
Gaertner Performing Arts Center
External Video Recording
Permission Form

Deliver to: Dr. Patrick in the PAC

I, _________________________________, hereby certify that I take full responsibility for the video I am recording on the _____
day of ______________. I confirm that I will not infringe upon Copyright Laws, by serial copying nor by reproducing this
video with intent to distribute.

(You can view all of the Copyright Laws here: http://www.copyright.gov/title17/)

We, the School of Music at Sam Houston State University, hereby give you, _________________________________, permission
to video and claim ownership to this recording.

<table>
<thead>
<tr>
<th>Printed Performer Name</th>
<th>Event Date/Time</th>
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<table>
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<tr>
<th>Performer Signature</th>
<th>Date</th>
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<table>
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<tr>
<th>Music Technical Coordinator Signature</th>
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*Form is not valid without Music Technical Coordinator’ Signature*