

Petition to Reschedule a Student Recital

Name _____ UID _____

Academic Year/Degree _____ Instrument _____

Studio Professor _____ Do you plan to graduate this semester? _____

Current Date of Recital _____ Is this request due to an emergency? _____

Important. Petitions submitted within 5 business days of the scheduled recital (except in the case of emergency) or for the following reasons will not be considered:

- Lack of preparation
- Conflict with ensemble rehearsal, concert, or other obligation
- Unavailability of recital participants (accompanist, ensemble members, etc.)
- Outside gig or performance opportunity, including auditions
- Failed permission (recital will be cancelled)

Describe the reason(s) for this request to reschedule your recital (attach additional pages or supporting documentation as necessary).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Student Signature _____ Date _____

Studio Professor Signature _____ Date _____

Submit this completed form, along with all supporting documentation, to the Scheduling Office (B01).