

RECITAL CANCELLATION OR CHANGE OF DATE

This form must be submitted to the Music Department Office (307) Scheduling no less than 2 weeks before the scheduled recital.

Name: _____

| Bilkent ID | | | |
|--|----------------------------|-----------------------------|--|
| Original Date of Recital: | | | |
| I would like to Change the date \Box | | | |
| Cancel the Recital \square | | | |
| Date Changed to: | | | |
| Explanation for Change or Cancellati | ion: | | |
| | | | |
| PLEASE NOTE: Only one cancellation/reschedule or date change is permitted per semester. Once this has occurred, you will have to wait until the next semester to have your recital. A medical emergency is the only exception. In this case you need to bring an official medical report. OFFICIAL USE ONLY | | | |
| APPROVAL: The student is approved | d to either cancel or chan | ge the date of the recital. | |
| Principle Instructor (name) | Signature | Date | |
| Coordinator (name) | Signature | Date | |
| Department Chair (name) | Signature | Date | |