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 ☐
Cancel the Recital ☐

Date Changed to: __________________________________________________
Explanation for Change or Cancellation: ________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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 to either cancel or change the date of the recital.

____________________________    __________________________   _______________
Principle Instructor (name)   Signature          Date

____________________________    __________________________   _______________
Coordinator (name)              Signature          Date

____________________________    __________________________   _______________
Department Chair (name)  Signature          Date