

**BLOOMSBURG UNIVERSITY  
MUSIC DIVISION**

**RECITAL CHECKLIST**

Student Name \_\_\_\_\_

\_\_\_ Recital Room Scheduled \_\_\_\_\_ / \_\_\_\_\_  
Room Time/Date

\_\_\_ Recording Scheduled \_\_\_\_\_  
Recording Supervisor Signature

\_\_\_ Date and Site of Hearing \_\_\_\_\_

\_\_\_ Secure Committee Members \_\_\_\_\_  
Name Name

\_\_\_ Arrange Rehearsal Times

Committee Approval

\_\_\_\_\_  
Committee Member Signature Committee Member Signature

Advisor Approval

\_\_\_\_\_  
Advisor Signature

\_\_\_ Confirmed Date/Time with Recording Supervisor \_\_\_\_\_  
Recording Supervisor Signature