

UNT College of Music

Student Recital Cancellation Appeal

Date: _____

Student ID: _____

Name: _____

Current Recital Date: _____

Cancellation Reason:

Student Signature: _____

Major Professor Signature: _____

*Please attach any supporting documentation, e.g. doctor's note, etc.

Return completed form and any accompanying documents to:

music.scheduling@unt.edu

Do not write beneath this line

Approved

Denied

Reason:

Signed: _____

Associate Dean of Operations

Date: _____