



Bilkent University

Department of Music

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 _____

Piano Accompanist - if any (name). _____ Signature _____ Date _____

Coordinator (name) _____ Signature _____ Date _____

Department Chair (name) _____ Signature _____ Date _____