

WOODWIND AREA RECITAL PREVIEW REQUEST FORM

*Previews must take place at least **two weeks** before your recital. Please submit this form by posting on Professor Ackmann's door **at least six weeks prior** to your recital date to allow enough time to schedule the Preview accordingly*

DATE SUBMITTED _____

RECITAL DATE _____ PREVIEW DATE _____

NAME _____

INSTRUMENT(S) _____ DEGREE _____

PHONE _____ EMAIL _____

Previews are held on Thursdays during the 12:30-1:30 hour. Please list your time preferences (1, 2, 3). **Cross out any time you/your collaborators cannot play.** Please confirm with all collaborators on your program before selecting a date/time.

_____ 12:30

_____ 12:50

_____ 1:10

List your recital collaborators and their instruments below:

****Scan one copy of the solo part from each work and email to rackmann@ou.edu, at least one hour prior to your Recital Preview hearing.**

***** Bring five hard copies of your recital program to your Preview along with a Recital Preview Request form (not this form) which can be found on the School of Music website under the Student Resource tab:**

[https://www.ou.edu/content/dam/finearts/music/pdf/student/Recital%20Preview%20Request%20Form%20\(updated%20Sep%2020%2c%202022\).pdf](https://www.ou.edu/content/dam/finearts/music/pdf/student/Recital%20Preview%20Request%20Form%20(updated%20Sep%2020%2c%202022).pdf)

Student Signature _____

Applied Professor Signature _____