



NYU STEINHARDT

DEPARTMENT OF MUSIC AND PERFORMING ARTS PROFESSIONS

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TODAY'S DATE _____

REQUEST FOR CANCELLATION OF RECITAL

Cancellation Policy

This policy applies to recital cancellations and/or rescheduling less than two weeks of your scheduled recital.

The following are considered legitimate reasons for recital cancellation and/or rescheduling less than two weeks of your scheduled recital:

- 1) Injury or illness (physician's note required)
- 2) Family emergency
- 3) Force majeure (weather catastrophe, student travel emergency)

The following are ***not*** considered legitimate reasons for recital cancellation and/or rescheduling less than two weeks of your scheduled recital:

- 1) Repertoire not ready for performance
- 2) Scheduling conflicts; this includes conflicts with outside engagements or unforeseen conflicts with a faculty member or family's schedule
- 3) Problems with assisting artists

I have read the information above regarding recital cancellations.

Student's name: _____

Program Area: _____

Student's signature: _____

Degree: BM MM DMA

I request that my recital in (name of location) _____ at (time) _____

on (date) _____ be cancelled for the following reason:

Approval: _____

Program Director's name

Program Director's signature

Your recital is not cancelled until this form is completed and returned to and approved by the Concert Administrator, Scott Allen.

Scott Allen, Concert Administrator
Signature and date