

Yale SCHOOL OF MUSIC

Office of Concerts and Public Relations

Cancellation or postponement of a recital after approval of the the recital contract requires submission of this form. If the cancellation is due to illness or injury, a physician's note verifying the condition must be submitted with the form, unless waived by the deputy dean. Without such verification or a waiver by the deputy dean, the student is subject to a \$500 fine.

Rescheduling the recital may not occur until this form has been completed and submitted to the concert office.

RECITAL CANCELLATION FORM

*P.O. Box 208246
New Haven, CT 06520-8246*

*Campus address:
Sprague Memorial Hall
98 Wall St*

*T 203 432-4158
F 203 432-7542*

Student Name

Date / Time / Venue of recital

Reason for postponement or cancellation:

Signature of student

Date

Signature of major teacher

Date

Signature of deputy dean

Date

Physician's note waived

Signature of operations manager

Date