STUDENT RECITAL CANCELLATION

Name: ________________________________  USC ID: ____________________________

Phone: ______________________________  E-mail: _____________________________@usc.edu

Recital  Date: ______________________  Rehearsal Date: _______________________

Time: ____________________________  Time: ____________________________

Location: __________________________

Reason for cancellation:
- Private Instructor Conflict
- Injury or Health Issue
- Conflict With Collaborators
- Need More Preparation
- Other (please specify): ________________________________

- Submitting this form will cancel your recital and recital rehearsal reservations.

- If you are canceling within 2 weeks of your recital, a $100 late cancellation fee will be charged to your USC student fee bill.

- In order to reserve another date you must submit a new Student Recital Request form.

Office Use:

EMS updated (date): ____________  Email Dean of Faculty: ____________

Deposit charged (y/n): _________  Email Student Affairs: ____________

E-mail Student: ________________  Email Marketing: ________________

Time Stamp (date, time):

Created by: musops07; build 007