STUDENT RECITAL CANCELLATION

Name: ___________________________  USC ID: ___________________________
Phone: ___________________________  E-mail: ____________________________@usc.edu

Recital Date: _____________________  Rehearsal Date: _______________________
Time: ___________________________  Time: _____________________________
Location: ________________________

Reason for cancellation:
□ Private Instructor Conflict  □ Need More Preparation
□ Injury or Health Issue  □ Conflict With Collaborators
□ 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.

• If you intend to switch recital timeslots, please use a Student Recital Exchange Request form instead.

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):