
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): _____
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- 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):