

**DMA Performance Event (Milestone) Approval**

This must be submitted, complete with signatures (or email messages indicating approval), and with a copy of your final, formatted program to the Graduate Program Assistant ayardley@uwo.ca no later than six weeks before your recital date.

Programs: If submitted on time, programs will be available digitally for audience members to download from the [Concert Programs](https://music.uwo.ca/events/concert-programs/index.html) webpage typically 1-3 business days prior to the recital.

*Student’s Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Student ID:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Instrument*: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Studio Instructor*: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Performance Event No. (1,2,3,4):* \_\_\_\_\_

*Type of performance (solo recital, chamber, concerto, opera role, lecture recital, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Performance Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*On the next page*, list your complete program, in concert order, indicating where the intermission occurs, and the length of each selection. Your repertoire must follow the requirements outlined at:

<http://music.uwo.ca/departments/music-performance/handbook/credit-recitals.html>

For information on the style guide for your printed program and for [ordering a recording](https://music.uwo.ca/pdf/resources/requestRecording.pdf), please consult: <http://music.uwo.ca/about/resources/print-programs.html>

For information on the style guide for your printed program and for [ordering a recording](http://music.uwo.ca/departments/music-performance/MPS%20pdf/requestForRecording.pdf), please consult: <http://music.uwo.ca/about/resources/print-programs.html>

Please email your formatted program (once it has been approved) to: ayardley@uwo.ca

**If this is not your first DMA performance event, please provide details for your previous events:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event****No.**  | **Type (solo recital, chamber, concerto, opera role, lecture, etc.)** | **Date** | **Venue** | **Other Details** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

By signing below you are agreeing that the submitted information is correct and that the proposed event meets DMA program requirements.

|  |  |
| --- | --- |
| Student | Date |
| Chair, DMA Advisory Committee | Date |
| 2nd MPS member, DMA Advisory Committee | Date |
| Non-MPS member, DMA Advisory Committee | Date |

**N.B.: Please type or print clearly your program and timings using the following format:**

|  |  |  |
| --- | --- | --- |
| ***Composer*** | ***Title*** | ***Duration*** |
| Example:Hector Berlioz(1803-1896) | Les nuits d’été, op. 7*Villanelle**Le spectre de la rose**Sur les lagunes* | 6:003:304:00 |
|  |

Total Minutes: \_\_\_\_\_\_\_\_\_\_\_