

**DMA Performance Event (Milestone) Approval**

This form along with a copy of your program must be submitted to the members of your DMA Advisory Committee well in advance of the proposed event for the committee members to determine whether the event meets the appropriate standards for the DMA.

Please email the completed form, with signatures or emails in lieu of signatures, and your formatted program to ayardley@uwo.ca at least 4 weeks prior to the proposed event.

*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, please consult: http://music.uwo.ca/about/resources/print-programs.html

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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 (if applicable) | 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: \_\_\_\_\_\_\_\_\_\_\_