

STUDENT PERFORMANCE REQUEST FORM
(PLEASE TYPE OR PRINT LEGIBLY)

NAME: _____ DATE SUBMITTED: _____

CONTACT EMAIL OR PHONE: _____

APPLIED TEACHER: _____
(print) (signature)

MUAP NUMBER: _____

Performance type: CONVOCATION: _____
RECITAL: * _____
OTHER: _____
(master class, jury, recital hearing, dress rehearsal, recording)

PERFORMANCE DATES in order of preference

1. _____
2. _____
3. _____

INSTRUMENT/VOICE: _____

SELECTION(S): _____

COMPOSER AND DATES: _____

LENGTH OF PERFORMANCE: _____

IS THIS A REQUIRED PERFORMANCE FOR YOUR DEGREE? Yes ___ No ___

ACCOMPANIST NEEDED? NO _____ YES _____

ACCOMPANIST'S SIGNATURE: _____

IMPORTANT: *If you are planning to present a degree recital this year, you must confirm the performance dates with your accompanist at least 2 months in advance.*
-Please return this form to the Music Department Office at least one month before the performance (**two months for degree recitals**) including all signatures.

*PLEASE ATTACH RECITAL MUSIC OR REPERTOIRE LIST ON A SEPARATE SHEET