2018-19 REQUEST FOR STUDENT RECITAL DATE

Today’s Date: _______________________

Student Name: _______________________________________________________

Recital Date/Time Requested

(1st choice) DATE: ______________________ TIME: ______________________

(2nd choice) DATE: ______________________ TIME: ______________________

Phone:____________________ E-mail address: __________________________

Instrument/voice: ____________________________________________________

Degree Program:    BM    BME    MM    MME    BA/BS    BFA    (Circle one)

Year in School at time of Recital:   Junior    Senior    Graduate    (Circle one)

Student Signature: _________________________________________________

Faculty Signature: _________________________________________________

Accompanist Signature: ______________________________________________

Return completed form to Kristin Pagels in the
Music Office pagel1kp@cmich.edu
989.774.3738