



## REQUEST FOR STUDENT RECITAL DATE

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\_\_\_\_\_

### Recital Date/Time Requested

(1<sup>st</sup> choice) DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

(2<sup>nd</sup> choice) DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Instrument/voice: \_\_\_\_\_

This recital would fulfill the following graduation requirement:

- |  |   |
|--|---|
| <input type="checkbox"/> Recital for MM        | <input type="checkbox"/> Solo Performance for BME/BA/BS |
| <input type="checkbox"/> Junior Recital for BM | <input type="checkbox"/> Elective                       |
| <input type="checkbox"/> Senior Recital for BM |   |

Student Signature: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Accompanist Signature: \_\_\_\_\_

Return completed form to Kristin Pagels in the  
Music Office [pagel1kp@cmich.edu](mailto:pagel1kp@cmich.edu)  
989.774.3738