REQUEST FOR STUDENT RECITAL DATE

Today’s Date: __________________________

Student Name: ________________________________

Phone: ____________________ E-mail address: __________________________

Recital Date/Time Requested

(1st choice) DATE: ____________________ TIME: ________________

(2nd choice) DATE: ____________________ TIME: ________________

Instrument/voice: ________________________________

This recital would fulfill the following graduation requirement:

☐ Recital for MM  ☐ Solo Performance for BME/BA/BS

☐ Junior Recital for BM  ☐ Elective

☐ Senior Recital for BM

Student Signature: ________________________________

Faculty Signature: ________________________________

Accompanist Signature: ________________________________

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