STUDENT RECITAL REQUEST FORM

Each featured soloist must submit a separate form.

Name:		, Q V W U X F W R U			
CollaborativePianist		, Q V W U X F W R U			
Instrument or Voice Class:					
List Other Performes or Ensembles:					
Recital Day & Date:		Recital Time:			
Farrell Recital Hall:	Other:				
Performing Arts Hall:	Please specify loc	eation:			
Please reference the Student Re	cital Policy in the Student H	andbook in deciding an appropriate date. You			
can find the Handbook at murra	ystate.edu/music under the	Current Students section.			
Hearing Date & Time (must	be 2 weeks prior to recit	al date):			
Estimated Total Minutes of	Music for Your Perform	ance:			
Estimated Total Minutes of	Music for ENTIRE Perf	formance:			
Date(s) of Performance on	Recital Assembly:				

Please heck the statement which describes your appearance on this proposed recital:

Degree Recitals	Non-Degree Recitals		
B.M. Performance SenioRecital	Recital before a required recital		
B.M. Performance Junior Recital	Recital after all required recitals		
B.M. Education Option Senior Recital	Other		

For Department of Mus	sic use only:			
Calendar Coordinator		Date:		
Department Chair:			Date:	
Recital Credit?	Yes	No		