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 Performs or Ensembles:	
Recital Day & Date:	Recital Time:
Farrell Recital Hall: Other:	
Performing Arts Hall: Please specia	fy location:
Please reference the Student Recital Policy in the Stud	lent Handbook in deciding an appropriate date. You
can find the Handbook at murraystate.edu/music unde	er the Current Students section.
Hearing Date & Time (must be 2 weeks prior to	recital date):
Estimated Total Minutes of Music for Your Per	· -
Estimated Total Minutes of Music for ENTIRE	
Date(s) of Performance on Recital Assembly	
Date(b) of 1 errormance on recetal ressembly	
Please heck the statement which describes y	our appearance on this proposed recital:
Degree Recitals	Non-Degree Recitals
B.M. Performance Seni&ecital	Recital before a required recital
B.M. Performance Junior Recital	Recital after all required recitals
B.M. Education Option Senior Recita	I Other
For Department of Music use only:	
Calendar Coordinator:	Date:
Department Chair:	Date:
Recital Credit? Yes No	