



MISSISSIPPI STATE UNIVERSITY™ DEPARTMENT OF MUSIC

RECITAL/PROJECT REQUEST FORM

Please complete ALL of the requested information. Return this form to your applied teacher **ONLY AFTER YOU HAVE ACQUIRED ALL OF THE REQUIRED SIGNATURES**. Be sure to check the availability of your recital and hearing locations (Harrison Auditorium at Giles Architecture Building, First Baptist Church, Chapel of Memories, Band/Choral Rehearsal Hall, etc.) and the Department of Music calendar, as to avoid conflicting music events, **BEFORE** listing a proposed recital date.

Name: _____ Date _____ 20 _____

Classification (circle one): Graduating Senior Senior

Applied Teacher: _____

Proposed Recital Date: _____

Proposed Project Presentation Date: Day of the Week Month Date Year Time

Proposed Hearing Date: _____

Proposed Project Abstract Date: Day of the Week Month Date Year Time

Proposed Dress Rehearsal Date: _____

Day of the Week Month Date Year Time

Committee Members:

Applied Teacher's Name

Signature

Committee Member's Name

Signature

Committee Member's Name

Signature

Collaborating Pianist:

Name

Signature

Recital Location: Harrison Auditorium First Baptist Church Other _____
Project Presentation Location:

Hearing Location: Harrison Auditorium First Baptist Church Other _____

Dress Rehearsal Location: Harrison Auditorium First Baptist Church Other _____