



**MISSISSIPPI STATE UNIVERSITY™**  
DEPARTMENT OF MUSIC

## Undergraduate Student Recital/Project Request Form

Please complete the form with 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 and the Department of Music calendar, to avoid conflicting music events, BEFORE listing a proposed recital date. Each student must submit his/her own recital request form for combined recitals.

Name: \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

Major:  BA, Bachelor of Arts  BM, Performance  BME, Music Education

Year:  Junior  Senior

Proposed Recital/Project Date: \_\_\_\_\_  
Day of the Week      Month      Date      Year      Time

Proposed Hearing Date: \_\_\_\_\_  
Day of the Week      Month      Date      Year      Time

Proposed Dress Rehearsal Date: \_\_\_\_\_  
Day of the Week      Month      Date      Year      Time

### Committee Members:

\_\_\_\_\_  
*Studio Teacher's Name (print)*      *Signature*

\_\_\_\_\_  
*Studio Teacher's Name/Committee Member (print)*      *Signature*

\_\_\_\_\_  
*Committee Member's Name (print)*      *Signature*

### Collaborative Pianist:

\_\_\_\_\_  
*Print Name*      *Signature*

Recital Venue:      Music 1040       Other \_\_\_\_\_  
Hearing Venue:      Dr. Wang's Office       Mrs. Ragsdale's Office       Music 1040       Other \_\_\_\_\_  
Dress Rehearsal:      Music 1040       Other \_\_\_\_\_