



# 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 (Lecture/Recital Hall, Dr. Wang's office, Mrs. Ragsdale's office, etc.) and the Department of Music calendar, as to avoid conflicting music events, BEFORE listing a proposed recital date.

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

Classification (check one): ☐ Graduating Senior ☐ Senior

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: Lecture/Recital Hall ☐ Other ☐ \_\_\_\_\_  
(Project Presentation Location)

Hearing Location: Lecture/Recital Hall ☐ Other ☐ \_\_\_\_\_

Dress Rehearsal Location: Lecture/Recital Hall ☐ Other ☐ \_\_\_\_\_