Name ______________________________ E-mail ____________________________

Degree program __________________ Level ______ Hometown ________________

Title of work (include opus #) ____________________________________________

Date of composition ____________________________________________

Composer (full name and birth/death dates) _______________________________

Movement(s) to be performed

__________________________

__________________________

__________________________

__________________________

Timing of each movement

__________________________

__________________________

__________________________

__________________________

Collaborative artists and instruments

__________________________

__________________________

__________________________

Dates requested (in order of preference) 1). ________________

2). ________________

Date of studio class performance

__________________________

Special instructions: (type of performance experience desired, i.e. formal, informal, lecture demonstration, feedback from audience, discussion, etc.)

APPROVAL OF MAJOR TEACHER ____________________________