

**MARSHALL UNIVERSITY**  
**COLLEGE OF ARTS AND MEDIA**  
**SCHOOL OF MUSIC**

**ACCOMPANIST REQUEST FORM**

Name: \_\_\_\_\_ MUID: \_\_\_\_\_

Major/year: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Instrument: \_\_\_\_\_ Principal Teacher: \_\_\_\_\_

Date of this request: \_\_\_\_\_

Reason for request (*INCLUDE the date of event*):

\_\_\_\_\_

***Due dates for requesting a departmental collaborator:***

Student Degree Recital – By **the 5th Monday of every semester**

Juries (also MUS 100, Studio Class, Smaller Performances) – **4 Weeks** before scheduled event

Recitals outside of school and degree requirements – To be discussed with collaborator on a separate basis

**REPERTOIRE**

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*Please return this form **WITH** your piano parts to the postbox of Dr. Johan Botes. No request form shall be processed without the piano scores!*

**P.T.O**