

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

*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