Please complete this form and return it to the Collaborative Coordinator, along with a copy of your music. This form must be used every time you submit music.

Name:____________________________________Applied Professor:____________________________________
Phone:___________________________________Email Address:___________________________________

Classification (circle one):  D.M.A. | M.M. | Senior | Junior | Sophomore | Freshman

Major (circle one):  B.A. | Performance | Music Education | Jazz Studies

Is this your (circle one): Primary Instrument | Secondary Instrument

Music to be performed this semester: (Note: Hand-written/difficult-to-read manuscripts are not acceptable. All photocopies must be legible).

1. Composer:____________________________________________________________________________
   Title:___________________________________________________________________________________
   Movement (s) to be performed (please only include movements to be performed this semester):___________

2. Composer:____________________________________________________________________________
   Title:___________________________________________________________________________________
   Movement (s) to be performed (please only include movements to be performed this semester):___________

3. Composer:____________________________________________________________________________
   Title:___________________________________________________________________________________
   Movement (s) to be performed (please only include movements to be performed this semester):___________

4. Composer:____________________________________________________________________________
   Title:___________________________________________________________________________________
   Movement (s) to be performed (please only include movements to be performed this semester):___________

Will you be giving a recital this semester? Yes / No

If so, please include the proposed recital date:_____________________

Please list other upcoming performances for which your pianist’s services are requested (this semester only):

1. Event:__________________________________________Date:____________________________________
   Time/Location:________________________________________

2. Event:__________________________________________Date:____________________________________
   Time/Location:________________________________________

3. Event:__________________________________________Date:____________________________________
   Time/Location:________________________________________