

OFFICE USE ONLY

Scheduled: _____

Program Completed: _____

Program Delivered: _____

Ball State University - School of Music

Activity Request Form

Performer or Ensemble _____ Instrument _____
(Please print full name, including middle initial)

Performance Date _____ Time _____ Location _____
(Please include weekday)

Dress Rehearsal Date _____ Time _____ Location _____

Master Class Date _____ Time _____ Location _____

Faculty Name _____ Faculty Signature _____
(please print)

TYPE OF PERFORMANCE

<input type="checkbox"/> Guest/Special Event	<input type="checkbox"/> Faculty (FAS)	<input type="checkbox"/> Student Solo
<input type="checkbox"/> Guest Ensemble	<input type="checkbox"/> Faculty Ensemble (FAS)	<input type="checkbox"/> Student Joint
<input type="checkbox"/> Alumni	<input type="checkbox"/> Student Ensemble	<input type="checkbox"/> Studio Recital
		_____ (other)

STUDENT RECITAL INFORMATION

Degree Related/For Credit: Yes No

Undergraduate: Senior Senior BM Senior Honors Junior Sophomore

Graduate: MA MM MM (conducting)

Artist Diploma

Doctoral: Performance Lecture Composition Conducting