

EASTERN MICHIGAN UNIVERSITY
SCHOOL OF MUSIC & DANCE

PERMISSION FORM
MUSC 687 GRADUATE RECITAL
(PRINT LEGIBLY OR TYPE)

NAME _____ EID# _____

HOME ADDRESS _____ PHONE _____

LOCAL ADDRESS _____ PHONE _____

E-MAIL ADDRESS _____

RECITAL INFORMATION *(in addition to this calendar information, you must complete program information on the next page)*

DATE: _____

TIME: _____

LOCATION:

_____ ALEXANDER Recital Hall

_____ Organ Recital Hall

_____ OTHER (Specify location)

NOTE: other locations require permission of the recital committee

The Recital must be scheduled through the Music & Dance Events Office regardless of location.

I AGREE TO ATTEND AND EVALUATE THIS STUDENT'S GRADUATE RECITAL:

Signature, Committee Member Date

Signature, Committee Member Date

Signature, Committee Member Date
(fourth member is optional)

Signature, Applied Professor Date

APPROVED FOR ENROLLMENT:

Signature, Graduate Coordinator Date

ENROLLED DATE: _____

BY: _____

SECTION ID: _____

