

COLLABORATIVE PIANIST REQUEST (CPR) FORM LOWER DIVISION

This form is due no later than 3 weeks into classes

Student Name: _____ Voice Instrument : _____
Email address: _____ Phone Number: _____
Lesson Day of the Week: _____ Time: _____ Course No. MUA: _____
Instructor: _____

SEMESTER REPERTOIRE

List repertoire below and provide all scores with this form. Be sure your name is on the score before submitting. Strict adherence to copyright law is required for all submitted scores. Only submit copies if you own the originals.

SEMESTER EVENTS AND PERFORMANCES

- Recital Hour
- Upper Division Proficiency Exam
- Jury
- Competition (specify) _____

Signature of Applied Instructor: _____ Date: _____

**RETURN THIS FORM TO THE COLLABORATIVE PIANO COORDINATOR
Dr. SOPHIE WANG**

**Students are expected to follow the Collaborative Piano Policy Guidelines described on the
MSU Department of Music Student Handbook**