

M^cMURRY UNIVERSITY
Department of Music
Music Hour Request Form

Date of preferred Music Hour: _____

Length of work to be performed: _____

Work to be performed (including individual movement titles): _____

Composer's name: _____

Composer's birth and death dates: _____

Name of primary performer: _____

Name as it should appear in program (if different): _____

Primary performer's instrument: _____

Primary performer's email address: _____

Primary performer's studio teacher: _____

Primary performer's class (year in school) and major/minor: _____

Accompanist: _____

Translation (for vocal works): _____

Other Performers (with instruments), if any: _____

**This form is due in hard copy or as an email attachment to Dr. Wilcox by NOON on the Friday
prior to the week of the Music Hour in which you perform.**

Forms will not be processed if they are incomplete!