DEPARTMENT OF MUSIC
VOCAL ACCOMPANIST REQUEST FORM

Student’s Name: _______________________________________________________________

Student’s Phone: _______________________________________________________________

Student’s E-mail: _______________________________________________________________

Voice Instructor: ___________________________ Lesson Day & Time: _______________________

Please check all that apply: registered for 1 hour credit □ Half Recital □
registered for 2 hour credit □ Full Recital □

RETURNING STUDENTS – complete the following:

Name of your last assigned accompanist: ___________________________________________

Have you already arranged for this accompanist to attend your lessons? __________

Do you need to be assigned a new accompanist? ___________________________________

If you have a preference, please list the name here: _________________________________

I have read and agree to the accompanying policies and procedures of the Department of Music. I understand that I am expected to pay the following fees as determined by accompanist assignment:

<table>
<thead>
<tr>
<th></th>
<th>1 hour</th>
<th>2 hour</th>
<th>half recital</th>
<th>full recital</th>
<th>extra reh.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If assigned student accompanist:</td>
<td>$40</td>
<td>$100</td>
<td>$120</td>
<td>$150</td>
<td>$10</td>
</tr>
<tr>
<td>If assigned professional accomp:</td>
<td>$60</td>
<td>$150</td>
<td>$180</td>
<td>$225</td>
<td>$15</td>
</tr>
</tbody>
</table>

Student’s signature: ________________________________ Date: ________________

To be completed by Accompanying Coordinator:

Accompanist assigned: _________________________________________________________

Instructor: ___________________________ Lesson day & time: _______________________

Begin date: ___________________________ Payment due date: ______________________