

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 f	for 1 hour cre	dit 🗌	Half Recital	
	registered f	for 2 hour cre	dit 🗌	Full Recital	
RETURNING STUDENTS – com	plete the foll	owing:	J	LPE semester	· 🗌
	-	C			
Name of your last assigned	accompanis	t:			
Have you already arranged	d for this acc	ompanist to a	ttend your lesso	ns?	
Do you need to be assigned	l a new accon	npanist?			
If you have a preference, p	lease list the	name here:			
I have read and agree to the accor understand that I am expected to		-		-	
If assigned student accompanist:	<u>1 hour</u> \$75	<u>2 hour</u> \$150	<u>half recital</u> \$180	<u>full recital</u> \$225	<u>extra reh.</u> \$15
If assigned professional accomp:	\$100	\$200	\$240	\$300	\$20
Student's signature:	Date:				
To be completed by Accompanyin	ng Coordinat	or:			
Accompanist assigned:					

 Instructor:
 Lesson day & time:

 Begin date:
 Payment due date: