



MUSIC DEPARTMENT

BUFFALO STATE • The State University of New York

Collegium Performance Request

It is your responsibility to provide **complete** program information and obtain approval signatures from both your **applied instructor and accompanist**. Your completed form must be submitted to the Music Office **no later than 48 hours** prior to your Collegium performance. Thank You!

Today's Date:	Name:
Email:	Phone:
Instrument/Voice Type:	Student Signature:
Applied Instructor Name:	Accompanist Name:
Applied Instructor Signature:	Accompanist Signature:
Remarks:	<input type="checkbox"/> No Accompanist

Program Information

Requested Collegium Date:	
Title	
Composer	
Dates of Birth/Death (Composer)	
Movement(s)	
Opus Number	
Timing (in minutes)	