

BUFFALO STATE COLLEGE MUSIC DEPARTMENT
COLLEGIUM REQUEST

COLLEGIUM PARTICIPANTS PLEASE NOTE: AS A PARTICIPANT IN THIS UPCOMING COLLEGIUM, IT IS YOUR RESPONSIBILITY TO PROVIDE THE COMPLETE INFORMATION AS REQUESTED BELOW. BRING THE COMPLETED FORM TO THE SECRETARY IN RH 203 ONE WEEK PRIOR TO THE PERFORMANCE.

STUDENT NAME _____

PHONE NUMBER & EMAIL _____

PERFORMANCE DATE _____

APPLIED INSTRUCTOR'S SIGNATURE _____

PROGRAM INFORMATION

1. COMPOSER _____
(with dates of birth and death)

TITLE _____

MOVEMENT(S) _____
(if needed)

OPUS NUMBER _____

TIMING (in minutes) _____

2. COMPOSER _____
(with dates of birth and death)

TITLE _____

MOVEMENT(S) _____
(if needed)

OPUS NUMBER _____

TIMING (in minutes) _____

3. YOUR INSTRUMENT OR VOICE-TYPE _____

ACCOMPANIST OR COLLABORATIVE ARTIST(S) _____
