

Master's Concert Intention Form

To be submitted to the MFA Coordinator after approval by your Artistic Advisor. If there are special requests, this will also be submitted to the MFA Committee.

Name: _____

Phone: _____ Email: _____

Brief description of concert:

Semester enrolled for Master's Concert:

Projected concert date (approximate):

Special production considerations:

Curriculum requirements filled:
(minimum of 48 credits)

(Signature of Advisor)

Stage Management experience completed:
(Concert date)
