

Department of Music Guest Artist Proposal

Faculty Sponsor _____ Date submitted _____

E-mail _____ Office Phone _____ Cell _____

Guest Artist and Bio (use additional page or include website): _____

Type of Event (e.g., concert, lecture, etc.): _____

Other Activities Planned (e.g., master class): _____

Planned Date & Time _____

Requested Location(s) _____

Publicity Planned (please check all applicable):

Flyer

Print ads

E-flyer

Poster

Mailing

Other: _____

Fee, including travel, lodging, and meals: _____

Additional expenses: _____

Other funding sources: _____

Total amount requested from the DoM: _____

Additional comments (optional): _____

Guest Artist Committee Recommendation (amount and justification): _____

Committee Member Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____

Chair Signature: _____ Date _____ Account # _____