

Date Received _____

Tennessee Technological University
School of Music

Convocation Participation Form

Please type or print – Return to Dr. Pulte

Name _____ E-Mail _____

Convocation Date _____ Timing of Work to be Performed _____
8-min. limit

Number of Music Stands Needed _____ Chair for Page-Turner? _____
Yes No

Piano Lid _____
Full Stick Short Stick Down

_____		_____
Title of Composition	Opus/Catalog Number OR Date of Composition	

Movement Number(s)/Name(s) to be Performed		

Full Name of Composer	Composer's Dates	Arranger

_____		_____
Title of Composition	Opus/Catalog Number OR Date of Composition	

Movement Number(s)/Name(s) to be Performed		

Full Name of Composer	Composer's Dates	Arranger

Name of Performer

Instrument/Voice Designation

Name of Accompanist

Instrument

Signature of Studio Professor

Convocation Date Confirmed

Once the Convocation date is confirmed, a copy of this form will be sent to your studio professor