

MUSIC PRODUCTION & ENGINEERING INTERDEPARTMENTAL RECORDING APPLICATION

Studio time is NOT guaranteed and is dependant on studio availability, see the booking manager for availability

Student Name: _____

ID#: _____

Phone: _____

Student Box: _____

Major Department: _____

MP&E Engineer: _____

Phone: _____

Please describe your project style and the anticipated instrumentation:

Your Department Chair Signature: _____ Date: _____

All above sections must be completed before your request can be processed

MP&E Department Chair Signature: _____ Date: _____

Hours Granted: _____

Use of ProTools is permitted, however the hours granted will not provide time for mixing.

Booking Office Approval: _____

Session Day & Date

Time

Studio
