MM THESIS
Proposal Form for Opera Role

Student’s Name: __________________________________________

Role Date: ______________________________________________

Role Location: TRI-CITIES OPERA       BINGHAMTON UNIVERSITY

Role: ____________________________________________________

Role Designation: LEADING       FEATURED       SUPPORTING

Names of Committee Members:
(advisor) ________________________________________________
(required) ______________________________________________
(optional) ______________________________________________

Student’s Signature: ______________________________________

Advisor’s Signature: ______________________________________

Date Submitted to DGS: ___________________________________

TO THE STUDENT:

Scan and submit this form electronically to music.grad@binghamton.edu. Keep this form for your records.

Date of Approval by Graduate Committee: ____________________