

MASTER CLASS/LECTURE SERIES Request Form:

Name of Guest _____ Social Security # _____

Specialty (e.g. piano, music theory) _____

Name of Host Faculty Member _____ Phone _____

Contact Information:

Address _____

City/State/Zip _____

Telephone _____ Email address _____

Date(s) of Visit _____

Responsibilities (e.g. performance masterclass, composition lecture, formal recital). [Include date/time/location of activities if known at this time.]

Agreed upon fee: _____ \$1,000 inclusive of all expenses

- OR -

_____ \$ honorarium

USC will be responsible for: _____ travel
_____ lodging
_____ meals
_____ other (explain)

A draft letter of agreement will be generated by the dean and submitted to the hosting faculty member for review prior to sending to the guest.