IMPORTANT REMINDERS:

1. You must use theapplicable

PRINT YOUR NAME HERE:_____

Select 6 dates (take note of venue)

Faculty members acknowledge that by signing/initialing this form or being copied on the email sent to Mary Ann that the dates, times, and venues have been reviewed and approved and faculty are available for the dates and times selected. Students and faculty will receive a confirmation memo via TU email

STUDENTS NOTE: If you are going to partner with a student whose performance area is different than yours, you must secure the signature/initials of your instructor and yo — ” ” ‡ … ‹ – ƒ Ž ’ ƒ ” – • ‡ ” ï • ‹ • • – ” — … – ‘ ” ‘ ” … instructor s on the email sent to Mary Ann when requesting dates.

Dates, Times and Venue Approved:

_____ _____

Instructor Name – = † ‡ • – ¡ ¢ £ ¤ ¥ ¦ § ¨ © ª « ¬ ® ¯ ° ± ² ³ ´ µ ¶ · ¸ ¹ º » ¼ ½ ¾ ¿ À Á Â Ã Ä Å Æ Ç È É Ê Ë Ì Í Î Ï Ð Ñ Ò Ó Ô Õ Ö × Ø Ù Ú Û Ü Ý Þ ß à á â ã ä å æ ç è é ê ë ì í î ï ð ñ ò ó ô õ ö ÷ ø ù ú û ü ý þ ÿ

Date: _____ Date: _____

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you Date: _____ ET 506__ youren-USururururururur0 6120000912 0 612 4(ur)-4a-aUS 0 612 71 10 Tat

FOR MM STUDENTS ONLY:

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