

Request For Change Of Audio Assignment

Name _____ Date _____

I am requesting a change in my audio recording assignment. The reason for this change is:

The following A-V major will be taking my place:

NAME _____ DATE OF CONCERT _____

I will be taking his/her place on (date) _____

Unless an emergency, this form must be filled out at least two weeks prior to the concert date in question. (Bad planning on your part does not constitute an emergency!)

Approval:

Prof. Campbell

Notification:

Mrs. Fisher