FACULTY CLASS VISIT REQUEST

Institution

Faculty Member

Course Title and Number

Class Time (days and hours) Location

Number of Students in Class Classroom Capacity

Relevent Texts Being Studied

What would you like the Actor(s) to do in your classroom? (If you would like the actors to work with texts other than the play they are performing, please attach a brief — one to three page — excerpt of the text with this request.)

Is there any other required or optional class work in connection with the residency?

How will the students be prepared for the class visit?

Class Visit Confirmation
(for use of residency director only)

Request #

Date/Time Scheduled

Special Requests