

DANCE 689 REQUEST FORM DIRECTED TEACHING

NAME _____ DATE _____

MA _____ MFA _____ BFA _____ BFA in Ed. _____

Expected date of graduation _____

Course you wish to work in _____

Quarter you wish to take D.689 _____

Instructor of the course _____

Briefly state your reasons for wanting to take Directed Teaching:

Advisor's Signature _____

Instructor's Signature _____