

**GRADUATE STUDENT  
PERSONAL TRAINING OPTION**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Quarter/Year

Each quarter, student should complete information below and obtain signature of the academic advisor prior to submitting this form to the Technique Committee for decision.

**Course to be Deleted:**            Modern Technique\_\_\_\_\_ Ballet Technique\_\_\_\_\_

**Activity or Class to be Substituted:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

for credit\*\_\_\_\_\_ not for credit\*\_\_\_\_\_

\*See page 26 in this handbook

**Student Rationale:**

.....  
**Academic Advisor Comments:**

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Date

**Decision of Technique Committee:**

\_\_\_\_\_  
approved

\_\_\_\_\_  
denied

**Technique Committee Comments:**

\_\_\_\_\_  
Signature, Chair, Technique Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Chair, Graduate Studies Committee

\_\_\_\_\_  
Date