

## Master Class Request Form

**Please complete all fields (faculty only):**

Instrument: \_\_\_\_\_ Proposed Date: \_\_\_\_\_

Proposed Clinician: \_\_\_\_\_

Contact information: \_\_\_\_\_

Street

City

State

Zip

Email

Phone

**Venue Preference (Rank 1-3):**

\_\_\_\_\_AG Concert Hall

\_\_\_\_\_Henke Room

\_\_\_\_\_DI300

Proposed Clinician Fee: \_\_\_\_\_

Hotel expenses (\$160/night): \_\_\_\_\_

Travel expenses (taxi, rental car, airfare): \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed form to the Dean of the Conservatory.

**FOR OFFICE USE ONLY:**

Department: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

☐ APPROVE

Dollars Remaining: \_\_\_\_\_

☐ DISAPPROVE

Explanation: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_