

SCHOOL	OF M	IUSIC	



Large Instrumental Ensemble Absence Request Form

Please complete this form and submit it to the appropriate ensemble manager at least one month before the requested absence. Please note that the neither the approval of your teacher nor the receipt of this form by the ensemble manager(s) guarantees an excused absence.

Name:	Phone No:		
Instrument:	Ensemble:		
Date(s) of requested absence:			
Date of requested departure:	Requested return date:		
Provide detailed information about your reaso include flight date/time information):	n for requesting an absence (remember to		
Will send substitute (strings are exempt): Ye	es No		
Teacher's signature	Date		
Form received by:	Date:		
Approved	Not Approved		
	 Date		