

Class/Lab Conflict Form

This form must be submitted to the Secretary or the appropriate Band Officer on or before the first day of classes.

Name _____ Student # _____

Course Number/Name: _____

Time/day(s) class meets: _____

Student Signature: _____

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To the Instructor: The above named student is requested to submit this form to the Monmouth University Pep Band Director to verify his/her participation in your course. The student will be excused from band rehearsal to attend the course.

The above named student is officially registered for this course: Yes No

Instructor Signature: _____ Date: _____

Class/Lab Conflict Form

This form must be submitted to the Secretary or the appropriate Band Officer on or before January 22nd, 2019.

Name _____ SO # _____

Course Number/Name: _____

Time/day(s) class meets: _____

Student Signature: _____

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To the Instructor: The above named student is requested to submit this form to the Monmouth University Pep Band Director to verify his/her participation in your course. The student will be excused from band rehearsal to attend the course.

The above named student is officially registered for this course: Yes No

Instructor Signature: _____ Date: _____