



**THE NORWALK
CONSERVATORY**
OF THE ARTS

Student Audition Absence Request Form

Student Information:

- Name: _____
- Program/Department: _____

Audition Details:

- Audition Date and Time: _____
- Name of the Production/Event: _____
- Location of the Audition: _____

Courses Missed:

- Course Title/Instructor: _____
- Course Title/Instructor: _____
- Course Title/Instructor: _____
- Course Title/Instructor: _____
- Course Title/Instructor: _____
- Course Title/Instructor: _____
- Course Title/Instructor: _____
- Course Title/Instructor: _____
- Class Date(s) to be Missed: _____

Acknowledgment:

I understand and acknowledge that I am requesting permission to miss class and that if permission is denied, any absence still taken will be considered unexcused for the specified audition. I acknowledge that missing class the day before or the day after the audition is not permitted.

- By checking this box, I acknowledge that my approved absence will be nullified if I do not contact all instructors above for makeup course work, and complete all assignments.

Student Signature: _____ Date: _____

Department Chair Approval:

- Chair's Signature: _____ Date: _____