Class/Lab Conflict Form
This form must be submitted to the Attendance Assistant or the appropriate Band Office on or before August 27, 2011.

Name________________________________SO #______________________________________
Course Number/Name____________________________________________________________
Time/day(s) class meets________________________________________________________
Student Signature_________________________________________________________________

To the Instructor:
The above named student is requested to submit this form to the SEMO Band Office 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 ___________________________

Southeast Bands
Brandt Music Hall Room 16A--573.651.2335 (marching band/basketball band)
River Campus Seminary Room 304--573.651.2334 (all other bands)

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Instructor Signature ___________________________ Date ___________________________