

OU SCHOOL OF DRAMA
Off-Campus / Outside Activity Form

Name: _____

Date: _____

Check all that apply to the activity:

- Theater
- Film
- Television
- Commercial
- Teaching

- Paying
- Non-Paying
- Equity/Union
- Non-Equity/Non-Union
- Audition

Please list production company and director of project:

Describe the nature of the activity and performance dates:

What School of Drama classes will you miss and how many? Have your course instructor initial to confirm their agreement to your absences.

DRAM _____	_____	___ Days	Inst. Init. _____
DRAM _____	_____	___ Days	Inst. Init. _____
DRAM _____	_____	___ Days	Inst. Init. _____
DRAM _____	_____	___ Days	Inst. Init. _____
DRAM _____	_____	___ Days	Inst. Init. _____

Which casting/crew assignments will conflict? Please list dates:

Area Head Signature: _____