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**Actors From The London Stage**

**Class Visit Request Form**

Please complete and email to **aftls@nd.edu**.

**Institution:**

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| --- |
|  |

**Faculty member name:**

|  |
| --- |
|  |

**Faculty member cell phone:**

|  |
| --- |
|  |

**Faculty member email:**

|  |
| --- |
|  |

**Course title and number:**

|  |
| --- |
|  |

**Day** (*ex: Tuesday*):

|  |
| --- |
|  |

**Date** (*ex: March 31*):

|  |
| --- |
|  |

**Time:**

|  |
| --- |
|  |

**Location:**

|  |
| --- |
|  |

**Number of students:**

|  |
| --- |
|  |

**Classroom capacity:**

|  |
| --- |
|  |

**Text to be studied:**

|  |
| --- |
|  |

**What would you like the actor(s) to do in your classroom?**

|  |
| --- |
|  |

**Is there any other required or optional class work in connection with the residency?**

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|  |

**How will the students be prepared for the class visit?**

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| --- |
|  |

**Special requests or notes:**

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|  |

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