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|  | **Actors From The London Stage**  **Class Visit Request Form**  Please complete and email to [**aftls@nd.edu**](mailto:aftls@nd.edu). |

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| **Institution:** |  |
| **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?** |  |
| **How will the students be prepared for the class visit?** |  |
| **Special requests or notes:** |  |