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|  | **Actors From The London Stage** **Class Visit Request Form**Please complete and email to **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:** |  |