



South-Doyle High School Bands

Request for consideration of extra credit

All events must receive approval from the director prior to the actual activity.

Student Name : _____

Date submitted : _____

Date(s) of event : _____ - _____

Type of activity :

private lessons Instructor name : _____

I certify that this student has made sufficient progress during the above dates to warrant extra credit in his/her instrumental music class.

Instructor signature: _____ date: _____

attendance at live musical performance

Performing Ensemble: _____

program from event turned in to director :

participation in honors band/clinic name of clinic : _____

other : _____

explanation :

for office use only

date received : _____

approved : yes no

director initials : _____