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Request for Rehearsal

Activity: _____

Date of Activity _____

Subject: _____ **Section:** _____

Date and Time (indicate duration) of Rehearsal	Purpose	Venue

(Use additional Sheet if necessary)

Requested by: _____ _____

Student's Signature over Printed Name/Date **Faculty's Signature over Printed Name/ Date**

Endorsed by: _____ _____

Prof. Joeven R. Castro. PH **Dr. Myrna Quinto, Dean**

Approved by: _____