SCHOOL OF MUSIC

# Graduate Assistant & Artist Diploma Accompanying Weekly Report

***Deliver to Sarah Walters, Ed Landreth 120 before 5:00 p.m. each Friday***

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|---|---|
| **Name:** | **Date/Week of:** |
| **TCU ID:** | **School of Music** |

| Name of Student | Date & Time of Rehearsal | Date & Time of Lesson | Notes | Professor Initials | Hours |
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**Total Number of Hours: _____**

**Student's Signature: _____ Date: _____**