SCHOOL OF MUSIC

Graduate Assistant & Artist Diploma Accompanying Weekly Report

Deliver to Charlene Smith, Ed Landreth 120 before 5:00 p.m. each Friday

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

Name of Student	Date & Time of Rehearsal	Date & Time of Lesson	Notes	Professor Initials	Hours

Total Number of Hours: _____

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