



MCPA MASTER CLASS/WORKSHOP OUTLINE

(to be submitted with cheque requisition completed on back)

WHO is the clinician?.....

WHAT is the content?.....

WHERE will it be held?.....

WHEN will it take place? Date..... Time..... Length.....

WHY will it benefit the students?.....

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Is payment for an accompanist coming from the MC Fund? Yes... No...

Name of accompanist:

Amount of payment to accompanist:

Signature of Head Teacher

Names of Department Faculty who are submitting students for the Master class:

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Dean's Initial:.....

Cheque requisition - see over



MASTER CLASS/WORKSHOP

CHEQUE REQUISITION

Clinician Address:

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Accompanist Address:

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Amount of Funds Requested for Clinician:

Amount of Funds Requested for Accompanist:.....

Date Required:

Department: