

\_\_\_\_\_  
Date

**REQUEST FOR DEPARTMENTAL RESOURCES**

Course Number/Activity: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Explanation of Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Request: Special \_\_\_\_\_ Quarterly:  $\frac{\quad}{F}$   $\frac{\quad}{W}$   $\frac{\quad}{S}$  Annual: \_\_\_\_\_

Requested By: \_\_\_\_\_

For Student Requests:  
Faculty Sponsor: \_\_\_\_\_  
Name Date

Reviewed: \_\_\_\_\_  
Production Mgr. Date

Approved: \_\_\_\_\_  
Chair/MSO Date

SAN DIEGO: DEPARTMENT OF MUSIC  
LA JOLLA, CALIFORNIA 92093-0326