RADIO PRACTICUM
Substitution Form

Shift:
__________________________________________________________________
        (program)          (date)          (day)          (time)

Person Scheduled:
__________________________________________________________________
                                                     (print)          (sign and date)

Substitute:
__________________________________________________________________
                                      (print name)          (sign and date)

--I recognize that if this shift is not properly covered, both parties will be subject to penalties outlined in the course contract.
--Substitutes must be a member of Radio Practicum class or WSUW staff member competent to perform these duties.
--This form must be placed in the instructor’s mailbox at the station at least 24 hours before the shift scheduled for substation.