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 <u>at least</u> 24 hours before the shift scheduled for substation.

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