



FOR ACDA BOARD USE ONLY

Responder: _____

Respondee: _____

Title: _____

Day: _____ Time: _____ Studio/Rm: _____

REQUEST for Peer Response

Please submit a separate peer response request form for each requested response, **max. 2 requests**. Request must be made by a representative of a member institution.

Name: _____

ACDA Member Institution: _____

Email: _____

Phone: _____

- Rank or position: ☐ Grad Student
☐ Instructor/Non-tenure track
☐ Assistant Professor
☐ Associate Professor
☐ Full Professor

Please select the response you are requesting: ☐ oral ☐ written

Please select one of the following:

- ☐ Class (discipline/title): _____
☐ Panel Presentation (title): _____
☐ Paper Presentation (title): _____
☐ Choreography Presentation (title): _____

Choreography presented in: ☐ Adjudication Concert ☐ Informal Concert ☐ Faculty Concert

☐ Performance Presentation (title): _____

Presented in: ☐ Informal Concert ☐ Faculty Concert

I intend to use this response for the following: ☐ tenure
☐ promotion
☐ professional development

☐ I have read the Guidelines for ACDA Peer Response

PLEASE NOTE: Due to scheduling constraints, all requests may not be able to be fulfilled