



FOR ACDA BOARD USE ONLY

Responder: _____

Respondee: _____

Title: _____

Day: _____ Time: _____ Studio/Rm: _____

SERVE as a Peer Responder

Please submit one form for each type of presentation you are willing to respond to.

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 type of response you are willing to give: ☐ oral ☐ written

Please select from the following areas you feel qualified and willing to assess:

☐ Class (disciplines): _____

☐ Choreography (genre): _____

☐ Faculty Performance

☐ Panel Presentation

☐ Paper Presentation

Please check the following:

☐ I agree to submit a peer response on my institution's letterhead (for written responses) within one month of the close of the conference.

☐ I have read the Guidelines for ACDA Peer Response

Sign: _____

Date: _____