



Centre for Drama, Theatre & Performance Studies  
**UNIVERSITY OF TORONTO**

## Completed CAP Call Confirmation Form

### STUDENT SECTION TO COMPLETE

Name of Student(s): \_\_\_\_\_

Course that CAP counts towards: \_\_\_\_\_

Event/Task Title: \_\_\_\_\_

Number of hours received for this call (Maximum 4): \_\_\_\_\_

Date and Time (if applicable): \_\_\_\_\_

CAP Call Completion Details/Duties:

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### SUPERVISOR SECTION TO COMPLETE

Name of Supervisor: \_\_\_\_\_

Any comments i.e. cancellations, concerns or changes for future similar call can be emailed directly to Colleen Osborn at [c.osborn@utoronto.ca](mailto:c.osborn@utoronto.ca)  
Comments will be reported to the instructor at the end of the term.

By signing this form, the supervisor confirms the above information is accurate:

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_