ONEWEST NETWORK BROADCASTING CLASS

APPLICATION

Complete this application and return to Student Services. Ask two current teachers to complete the Teacher Recommendation Forms.

NAME:	2022-23 GRADE LEVEL:
WHY DO YOU WANT TO TAKE BROADCASTING?	
WHAT SKILLS WILL YOU BRING TO THE CLASS?	
WHAT PRIOR EXPERIENCE DO YOU HAVE IN VIDEO PRODUCTION?	

ARE YOU AVAILABLE TO WORK OCCASIONAL EVENTS ON NIGHTS AND/OR WEEKENDS?

YES

NO

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TEACHER RECOMMENDATION

STUDENT NAME:	TEACHER	TEACHER NAME:				
THE STUDENT ABOVE IS REQUESTING NETWORK BROADCASTING CLASS FOR QUESTIONS AND RETURN THIS FORM	R THE 2022-23 S	SCHOOL YEAR				
IS THIS STUDENT RESPONSIBLE?	1 NOT AT ALL	2	3	4	5 EXTREMELY	
IS THIS STUDENT A HARD WORKER?	1 NOT AT ALL	2	3	4	5 EXTREMELY	
DO YOU RECOMMEND THIS STUDENT F	FOR THE ONEW	/EST NETWOR	K BROADCAST	ING CLASS?	YES NO	
ADDITIONAL COMMENTS:						
TEACHER SIGNATURE:				_ DATE:		

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TEACHER RECOMMENDATION

STUDENT NAME:			TEACHER NAME:				
THE STUDENT ABOVE IS REQUESTING RETWORK BROADCASTING CLASS FOR QUESTIONS AND RETURN THIS FORM T	R THE 2022-23 S	CHOOL YEAR		_	-		
IS THIS STUDENT RESPONSIBLE?	1 NOT AT ALL	2	3	4	5 EXTREMELY		
IS THIS STUDENT A HARD WORKER?	1 NOT AT ALL	2	3	4	5 EXTREMELY		
DO YOU RECOMMEND THIS STUDENT F	FOR THE ONEW	EST NETWOR	K BROADCAST	ING CLASS?]YES □ NO		
ADDITIONAL COMMENTS:							
TEACHER SIGNATURE:		DATE:					