

Audition # _____
(For Dept. Use Only)

KENT STATE UNIVERSITY
SCHOOL OF THEATRE & DANCE
DANCE DIVISION
DANCE AUDITION REGISTRATION FORM

RETURN WITH PHOTO AND LETTER OF RECOMMENDATION TO:

DANCE DIVISION/AUDITIONS
D101 MUSIC & SPEECH CENTER – 1325 THEATRE DRIVE
KENT STATE UNIVERSITY
PO BOX 5190
KENT OH 44242-0001

PLEASE NOTE:

Application to Kent State University is a separate process that occurs concurrently with the Dance audition process. See www.kent.edu for admissions information.

REGISTRATION DEADLINE:

TWO (2) WEEKS PRIOR TO THE AUDITION

For information, visit: www.dance.kent.edu
For questions, contact: dance@kent.edu
Or Call (330) 672-2069

AUDITION DATE REQUESTED _____

LEGAL NAME _____

KSU BANNER STUDENT ID # _____ ENTERING _____

PERMANENT STREET ADDRESS _____

PERMANENT CITY/STATE/ZIP CODE _____

PHONE # with AREA CODE _____ E-MAIL _____

CAMPUS/LOCAL ADDRESS _____

KSU E-MAIL _____@kent.edu

AUDITIONING FOR: _____ DANCE PERFORMANCE
_____ DANCE EDUCATION
_____ DANCE MINOR (Major: _____)
_____ MUSICAL THEATRE MAJOR
(Date Passed Musical Theatre Audition: _____)
_____ LEVEL PLACEMENT ONLY as a: (circle one below)
Perf Mjr; Educ Mjr; Dance Minor; Grad Student; MT Major Other: _____
_____ POST SECONDARY EDUCATION OPTION PROGRAM (PSEOP)
_____ OTHER: _____

STUDENT STATUS: _____ INCOMING FRESHMAN
_____ CURRENT KSU STUDENT – RANK: _____
_____ TRANSFER STUDENT FROM _____
(RANK: _____)
_____ I HAVE PREVIOUSLY AUDITIONED. (DATE: _____)

GPA _____ ACT or SAT _____

PRIOR DANCE EXPERIENCE:

STYLE	YEARS OF STUDY	# OF CLASSES PER WEEK	LENGTH OF CLASS	TEACHER/STUDIO (Please include complete address.)
BALLET				
POINTE				
MODERN				
JAZZ				
TAP				
LYRICAL				
HIP HOP				
OTHER				

PROFESSIONAL GOALS (Performing, Choreography, Teaching, Self-enhancement, etc.)

How did you learn about Kent State University's Dance program?

Are you considering a double major or minor; if so, in what subject area?

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MEDICAL HISTORY INFORMATION

LEGAL NAME _____

DATE _____

KENT STATE BANNER ID # _____

Please answer the following questions to the best of your ability. This will enable us to understand you better and to recommend rehabilitation sources that may help you to successfully complete our Dance program.

Please list any past injuries you have sustained that limited or prohibited physical activity for a time. Include when the injury occurred and the treatment followed.

Do you have any chronic (repeating) physical injuries or conditions that could limit your participation in dance technique classes?

Do you have any medical history that we should know about (heart problems, ulcers, anorexia, etc.)?

Are you taking any medications? If yes, please list:
