

THEATRE ARTS DEPARTMENT MINOR APPLICATION FORM

TO BE COMPLETED BY STUDENT:

DATE: _____

Name: _____ Student ID #: _____

Home Address: _____ Phone: (____) _____
Street City State Zip

Campus Address: _____ Phone: (____) _____
Street City State Zip

Class Level: (check one) FR SO JR SR GR CWU Email address: _____

Do you have a declared major? Yes No What major/spec: _____

Do you have a second declared major? Yes No What major/spec: _____

Do you already have a Bachelor's degree? Yes No From: _____ Major _____

Name and city of high school/college last attended: _____

BA THEATRE ARTS MINOR

- I understand that I am required to meet with my advisor during each quarter after acceptance into this minor program.

Student Signature

Advisor: _____ Department Chair: _____
Signature

Advisor's I.D. #: _____ Date Accepted As Minor: _____

Must be completed by the Theatre Arts Front Office:

Folder Sign Group E-Mail Check List Safari

MINOR