SUPPLEMENTAL APPLICATION FOR THE BM PROGRAM IN MUSIC THEATRE

Name:	SS#:	Date:
Current Mailing Address:		
City: State:	Zip:	Phone: ()
Status (please check):		
Incoming freshman - High school graduation date:		
2. () Transfer currently enrolled at: (please check): () freshman () sophomore () junior () senior		
3. () Current student at Florida State	University. Major:	hman ()sophomore ()junior ()senior
Age: Weight:	Height:	Vocal Range:
Please indicate the amount of study, if any, you have had in the following areas:		
Voice:Piano:Ballet:Jazz:	Music Theory:	Acting:
Ballet: Jazz:	Modern Dance:	Tap:
Other (please specify):		
Titles of works presented: Singing:		
1. 2.		
3. 4.		
Monologue: 1.		
DO NOT WRITE BELOW THIS LINE		
Standing (give division of vote): Admit *Requires a comment below explain	*Not Admi	t
*Requires a comment below explain	ning reason(s) for not being ac	ecepted.
Committee members present:		
DANCE:		
ACTING:		
SINGING:		