

Department of Theatre and Dance
Theatre program
Intent to Major

Student Name: _____ Date: _____

Local Address: _____

Student ID: _____ Phone: _____ Cell: _____

Email: _____

Degree: BA _____ BS _____

Major Emphasis: _____

Student Signature: _____

Theatre Program contact Tara Young, 282-5616, johntar2@isu.edu for more information.
Return this form to SPAC 238.

OFFICE USE ONLY

Advisor: _____ Phone: _____