

Department of Theatre and Dance
Dance Minor Program
Intent to Minor

Student Name: _____ Date: _____

Local Address: _____

Student ID: _____ Phone: _____ Cell: _____

Email: _____

Declared Major: _____ Degree: _____

Major Advisor: _____ Phone: _____

Minor Emphasis: _____ Performance and Choreography

_____ Dance Education

Student Signature: _____

Dance Minor Program contact Joséphine Garibaldi, 282-6143, garijose@isu.edu for more information. Return this form to SPAC 240H or Red Hill 129.

OFFICE USE ONLY

Minor Advisor: _____ Phone: _____