

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 Jamie Gross, (208) 282-3173, grosjami@isu.edu for more information. Return this form to SPAC 238.

OFFICE USE ONLY

Advisor: _____ Phone: _____