

Request for Graduation Project

Name _____

Campus Address _____ phone _____

_____ email _____

Field of Study

Acting

Musical Theatre

Design/Tech

Secondary Major: _____

Is there an internship, residency, student teaching or other requirement that will require you to be off campus for an extended period of time prior to graduation? yes no

If yes, when will this be completed? _____

Anticipated Graduation Date Spring Fall Summer 20 _____

Anticipated last semester of in residence classes Spring Fall Summer 20 _____

This request must be made three semesters prior to the last semester in residence or anticipated graduation, whichever is earliest.

Current G.P.A. _____

Signature

Date

Student ID no.

It is understood that the project role/design/area of responsibility will be chosen by the department faculty and not by the student. There are a limited number of projects available and an increasing demand. A student will not be able to turn down a graduation project without demonstrated cause.

Assigned Project

Position