

THE 190--THEATRE PRACTICUM FORM
Print and fill out and return to Project Advisor

Name:										
Address:										
City:				State:			Zip:			
Phone:				Email:						
Current Overall G.P.A.:										
Academic Advisor:										
Practicum Project Advisor:										
Computer #:						Section:				
Other Practicum's Taken								Credits Acquired:		

Class Schedule for Semester that Practicum is being done:

PROPOSAL:

Please have your project advisor signature this form to verify that she/he has seen it prior to submission.

Signature:

PLEASE TAKE NOTE FOR REGISTRATION OF THE 190: Theatre Practicum

If we are in the **Registration Period**, please have **Override Form** completed, take to the required Practicum Project Advisor, and have them sign you up online and then register for the class on the Advisors computer.

If we are in the **Add/Drop Period**, please have **Add/Drop Form** completed, take to the required Practicum Project Advisor for signature and then **YOU MUST** take to the Dean's Office College of Arts and Sciences.