

THE UNIVERSITY OF AKRON
PLACEMENT AUDITION/REGISTRATION FORM

I plan to attend the group audition for placement to be held on:

November 21, 2009 _____ April 10, 2010 _____

I am unable to attend the group audition. Enclosed is a video (VHS or DVD only) for your review _____

Name _____

Address _____

City _____ State _____ Zip _____

Email address _____ Phone _____

Academic School _____ Graduation date _____

Years of previous training _____ Hours of training per week _____

School of previous training _____

Have you applied to The University of Akron? _____

I would start at The University of Akron: _____

Entering as: Freshman _____ Transfer _____ Post-Secondary _____

Where did you hear about our program: _____

All students are assessed during the placement audition and during their first two weeks of classes to ensure that they have been placed in the proper level.

Non-refundable Audition Fee of \$10.00 must accompany registration form. Make checks payable to The University of Akron and send to:

The University of Akron
Dance Program
Akron OH 44325-2502
(330) 972-7948

recruit.audregfm