

# Dance Application (BS-Dance and BFA-Dance)

Education Academic Services, School of Education - University of Wisconsin-Madison

**Students must have passed the required Dance Department audition before this form can be processed.**

Current UW-Madison students should complete this form and have it submitted, with departmental signature, to Education Academic Services, 139 Education, 1000 Bascom Mall, Madison, WI 53706, 608-262-1651.

Name (Last, First Middle Initial): \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Email Address (@wisc.edu): \_\_\_\_\_

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**Desired Program** (indicate one):     Bachelor of Science-Dance             Bachelor of Fine Arts-Dance

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## Transcripts

To process this application, School of Education staff must have transcripts for any college course work taken somewhere other than the Madison campus (including UW-Extension). Submit transcript copies with this application or have sent to the Admissions Officer, 139 Education, 1000 Bascom Mall, Madison, WI 53706.

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## Racial/Ethnic Heritage

Please check all that apply or the race/ethnicity you identify with the most:

- |   |   |
|---|---|
| <input type="checkbox"/> African American or Black  | <input type="checkbox"/> Other Asian                                  |
| <input type="checkbox"/> American Indian or Alaskan Native (please specify tribal affiliation): _____ | <input type="checkbox"/> Mexican, Mexican American, or Chicano/a      |
| <input type="checkbox"/> Hawaiian or Pacific Islander   | <input type="checkbox"/> Puerto Rican                                 |
| <input type="checkbox"/> Cambodian  | <input type="checkbox"/> Cuban  |
| <input type="checkbox"/> Hmong  | <input type="checkbox"/> Other Hispanic or Latino/a                   |
| <input type="checkbox"/> Laotian  | <input type="checkbox"/> White or Caucasian                           |
| <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Other (please specify): _____                |
|   | <input type="checkbox"/> Check this box if you choose not to respond. |
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## Signature

I have read the above information and request that I be considered for admission to the School of Education degree program indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Obtain Required Signature Verifying  
Passing of the Dance Audition**

\_\_\_\_\_  
Authorized Department Signature

\_\_\_\_\_  
Date

**Official Use Only: EAS Date Stamp**

**Make a copy of this form for yourself and obtain a date stamp on the copy when submitting your application. Retain for your records.**