TAPS 1175 01 ACTING SHAKESPEARE
APPLICATION FORM

Term: _______  Year: _______

Name: ____________________________________________________________

Banner #: __________________________________________________________

Email: _______________________________  Cell: _______________________

Declared Concentration? ____________________________________________

Have you taken TAPS 023?  When? ____________________________
Who was your instructor? ________________________________

Have you taken TAPS 0930 Voice and Speech? ___________ When? ____________

Please List any other Performance Training you’ve had (if applicable):
______________________________________________________________
______________________________________________________________
______________________________________________________________

Please list ANY and EVERY Shakespeare role you’ve worked on in any capacity, i.e. production, classroom, workshop, etc. Include the capacity (example: “Lady M, scene study class”).
______________________________________________________________
______________________________________________________________
______________________________________________________________

What do you hope to gain from the study of Acting Shakespeare?
______________________________________________________________
______________________________________________________________
______________________________________________________________

What special skill, talent, or thought do you most want to share with a group of collaborators:
______________________________________________________________

Why? __________________________________________________________________________
__________________________________________________________________________________