THE 190--THEATRE PRACTICUM FORM

| Name: | | | |
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| Address: | | | |
| City: | State: | Zip: | |
| DL | · | | |

Phone:

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