



University of **Sioux Falls**

Theatre Department Questionnaire

Date _____

Name _____

Name of parent(s) or guardian _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Email address _____

Church name _____ Denomination _____

Name of High School you attend _____

High School class rank _____ out of _____ ACT/SAT scores _____ High School graduation year _____

Name of High School theatre director _____ Phone (____) _____

Previous college attended (transfers only) _____

Name of college theatre director _____ Phone (____) _____

Proposed field of study _____

List plays you have participated in and your responsibility (i.e. actor, stage manager, box office, etc.)

Play	Responsibility (if actor, identify the role)

Have you had any class coursework in speech or theatre? Y or N

If yes, list the classes _____

Have you participated in speech contest competition? Y or N

If yes, identify the event and any honors or awards received _____

What other performance training and experience have you had (i.e. dance, piano, choir, band, etc.)? Identify years of study and performance _____

What athletic training and experience have you had? _____

What other extracurricular areas are you interested in participating in at the University of Sioux Falls (athletics, student government, music, radio station, etc.)? _____

Please return this completed form to the University of Sioux Falls Admissions Office, 1101 W 22nd St, Sioux Falls, SD 57105