Please submit one copy of the application to:

Ilana Goldman  
School of Dance  
202 Montgomery Hall  
Florida State University  
PO Box 3062120  
Tallahassee, FL 32306-2120  
Email: igoldman@fsu.edu

A completed application package shall include the following:

I. Completed application form  
II. Official FSU transcript  
III. Account of paid and volunteer work experience  
IV. Statement of career goals  
V. Two (2) letters of faculty support

The completed application package must be submitted ten (10) days before the beginning of the semester in which the student plans to enter the program. Applicants are responsible for making certain that all materials are submitted.

Applicants for the program will be considered from degree-seeking students who are in the BFA in Dance, MFA in Dance, MA in Dance (American Dance Studies), or MA in Dance (Studio & Related Studies) programs. This is a specialized studies program for students who wish to develop specialized knowledge and skills in the arts and community practice. Two-year graduate students must have completed 12 semester credits hours. The submission of an application does not guarantee admission to the program.
I. Program Application

Name ____________________________________________

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Mailing Address

Street or P.O.Box

Apt #

City

State

Zip

( )

Telephone

Current Address

Street or P.O.Box

Apt #

City

State

Zip

( )

Permanent Telephone

Current address good until this date

Date of Birth __________________________ Sex __________________________

Place of Birth __________________________ Citizenship: U.S. Other:

Ethnicity __________________________________________

II. Please include your official FSU transcript.
III. Please list all previous volunteer and paid work experience. Continue on back of sheet if necessary.

IV. You are requested to submit a statement of your professional career goals (5 page limit). Please note how the program will aid in accomplishing these goals. This statement must accompany the application.

V. Two letters of support from faculty are also required. Please select two FSU dance faculty members with whom you have worked. (Form for letters included at the end of this application form).
Letter of Support

__________________________ is applying for admission to the Arts and Community Practice Specialized Studies Program. Please indicate your perceptions of the student in regard to academic ability, dedication, and professionnal demeanor.

Signature of Evaluator ____________________________ Date ____________________________

Please print name ____________________________ Title ____________________________

Address

Street or P.O.Box ____________________________ Apt # ____________________________

City ____________________________ State ____________________________ Zip ____________________________

( ) ____________________________ Telephone Email ____________________________
Letter of Support

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Please print name ___________________________ Title ___________________________

Address

Street or P.O.Box ___________________________ Apt # ___________________________

City ___________________________ State ___________________________ Zip ___________________________

(_____) ___________________________ Telephone ___________________________

Email ___________________________