

# UNIVERSITY OF ARIZONA ASSISTANTSHIP INFORMATION FORM

## School Of Theatre Arts

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Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Advanced degree sought at The University of Arizona \_\_\_\_\_

Proposed Major \_\_\_\_\_

**Please check the area(s) in which you have experience. This information will help us decide on assistantship assignments.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acting                    | <input type="checkbox"/> Fight Choreographer          | <input type="checkbox"/> Properties       |
| <input type="checkbox"/> Accompanist               | <input type="checkbox"/> Lighting Design              | <input type="checkbox"/> Scenery Design   |
| <input type="checkbox"/> Box Office                | <input type="checkbox"/> Makeup                       | <input type="checkbox"/> Singing          |
| <input type="checkbox"/> Carpentry                 | <input type="checkbox"/> Movement - provide specifics | <input type="checkbox"/> Sound Design     |
| <input type="checkbox"/> Costume Production        | <input type="checkbox"/> Musical Theatre              | <input type="checkbox"/> Voice Production |
|  |   | - provide specifics                       |
| <input type="checkbox"/> Costume Design            | <input type="checkbox"/> Playwriting                  | <input type="checkbox"/> Welding          |
| <input type="checkbox"/> Dance - provide specifics | <input type="checkbox"/> Other: _____                 |   |

**Special skills/experience related to theatre:**

Employer	Position	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the names and addresses of three persons who have been asked to write directly to the Head of the Department in support of this application. (It is the applicant's responsibility to see that letters of recommendation are sent. This application will not be considered until such letters are received.)

Name	Position	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's signature \_\_\_\_\_