

THEATRE

Audition Application

Return application with a small photo or headshot to:

Department of Theatre
Columbus State University
4225 University Avenue
Columbus, GA 31907

Your audition date: _____

Where you auditioned: _____

PLEASE PRINT

Name _____

Street or P.O. Box _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

High School _____

GPA _____ Graduation Date _____

Entrance Level (Please check):

Freshman Sophomore Junior Senior If transferring, from which college _____

In which area of theatre would you like to audition/apply for? (Please check)

BFA Performance BFA Design/Tech BS Theatre Education BA Theatre

Monologues to be performed (**Combination of audition pieces should not exceed 90 seconds**):

Comedic (name of play) _____ (name of playwright) _____

Dramatic (name of play) _____ (name of playwright) _____

If singing in place of one monologue (name of musical) _____ (song) _____

Special Training/Experience (Attach separate resume if you prefer)

Theatre Work _____

Speech/Voice _____

Dancing _____

Music _____

Other Arts/Special Skills _____