Ann Lacy School of American Dance and Arts Management

Video Audition Form

Print and return this section with your video to:

Jo Rowan, Chairman
Ann Lacy School of American Dance & Arts Management
Oklahoma City University
2501 N. Blackwelder
Oklahoma City, OK 73106-1493

Name: _____________________________________________

Are you transferring from another college?           Yes _____  No _____
Have you ever attended college?                         Yes _____  No _____

Most recent scores on ACT _______ and/or SAT _____ VERBAL _____ MATH.
Date of last test:  Month _____ Year _____

Note: We will not make acceptance decisions on entering freshmen or transfer students with less than 26 academic course hours who do not have ACT or SAT scores on record with us.

Name: _________________________________________________    Stage Name________________________________________________

Address:_______________________________________________________________________________________________________________

City:______________________________________________ State:_________________ Zip:__________________

Phone:____-____-_____(day)
       ____-____-_____(evening)

E-mail:______________________________________________________________________________ Fax:_____________________________

Years of Study:  Ballet_________  Tap_________ Jazz _________

Height:__________________     Weight:__________________
Indicate the major you prefer in order of preference (i.e., 1 for 1st choice, 2 for second choice, 3 for 3rd choice)

Dance Performance_______      Dance Management _______   American Dance Teacher_______

(You will be evaluated for admission to the dance program according to the standards of the major you declare as your first choice; in the event that you are not accepted into your first choice major, the dance department may offer you the opportunity to become a dance major in your second or third choice major.)

Have you applied for admission to the University?     Yes _____  No _____
If yes, have you been accepted?                     Still waiting to hear ____  Yes ____  No ____

Have you ever attended a college for credit before?   Yes ____  No ____
If yes, are you currently attending another college?   Yes ____  No ____
If yes, have you complete 60 or more hours?           Yes ____  No ____

If you have attended college before, how many hours have you completed?  _____________
If you are currently in college, how many hours are you taking now?  _____________
What is your cumulative college Grade Point Average?  _____________

List on the back of this printed page college academic courses which you have passed with a "C" or higher and college courses you are presently taking.

Will you be taking courses this summer for college credit?       Yes ____  No ____
If yes, what?

Do you have AP credits, or will you be taking AP tests between now and August?       Yes ____  No ____
If yes, in what subjects?

OCU dancers tour internationally from time to time.

Do you have a current passport?                        Yes ____  No ____
If yes, what country issued it?                      United States___ Canada___ Other (name)________

Do you have learning disabilities?                    Yes ____  No ____
If yes, check those which apply:

Dyslexia____  Attention Deficit Disorder____
Other (specify)________________________________________

Do you have special needs to accommodate your disorder? (specify)
Who determined that you had this disorder? ____________________________

How was this determination made? Describe fully...

Do you have chronic injuries or health problems? Yes ____ No ____
If so, please check all that apply...

__Diabetes   __Spinabifida   __Asthma   __Hypoglycemia
__Anorexia   __Bulimia   __Epilepsy   __Hairline Fractures
__Back Injuries   __Joint Replacements   __Shin Splints
__Pins in Foot   __Pins in Other Joints   __Pins in Back
__Depression   __Manic Depression   __Mood Swings
__Heart Disease   __Fainting   __Dizziness   __Irregular Heart Beat
__Knee Problems Requiring Bracing or Taping
__Mood Swings or Depression Due to Problems in Balancing Medications
__Problems Maintaining Mental Focus/Concentration
__Problems making scheduled appointments or attending scheduled events on time
__Other (Describe)____________________________________________________

Do you regularly take any medications? If so, list

Are you allergic to any medications? If so, list

Do you gain or lose weight cyclically? Yes ____ No ____

Do you have trouble maintaining a stable performance weight? Yes ____ No ____

Have you ever been on a liquid diet? Yes ____ No ____

If yes, were you recently on a liquid diet? Dates ____________________________

For women:

Have you ever been unable to dance or participate in vigorous exercise due to menstrual problems or cramping? Yes ____ No ____

If yes, when was the last time this occurred and how often has this occurred?
Notice: To graduate with the Bachelor of Performing Arts - Dance degree, dance performance majors must master technical levels of 7 (ready to move to 8) in their first choice technique, a level 6 (ready to move to 7) in their second choice technique, and a level 5 (ready to move to 6) in their third choice technique, as determined by the dance faculty. A student must also pass a senior performance test. To graduate, a student must attain a graduation weight established by the dance department. Failure to accomplish any of the above, regardless of satisfactory completion of all course work, will prevent a student from graduation with the BPA-Dance degree.

To graduate with the Bachelor of Science in American Dance Pedagogy (Dance Teacher degree), majors must master technical level 5 in their first choice technique, and level 4 in their second and third choice techniques.

I certify that the information that I have provided is true and correct and understand that any falsification or misrepresentation may result in the revocation of the privilege to be an OCU dance performance, dance management or American dance teacher major in the event that I am accepted into the dance program.

Signed:_______________________________________________________________Date:_____________________________________

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For faculty use

Accepted____ Not Accepted____

Name:______________________________________________

Levels: Ballet____ Jazz____ Tap____

Requirements:

Recommendations: