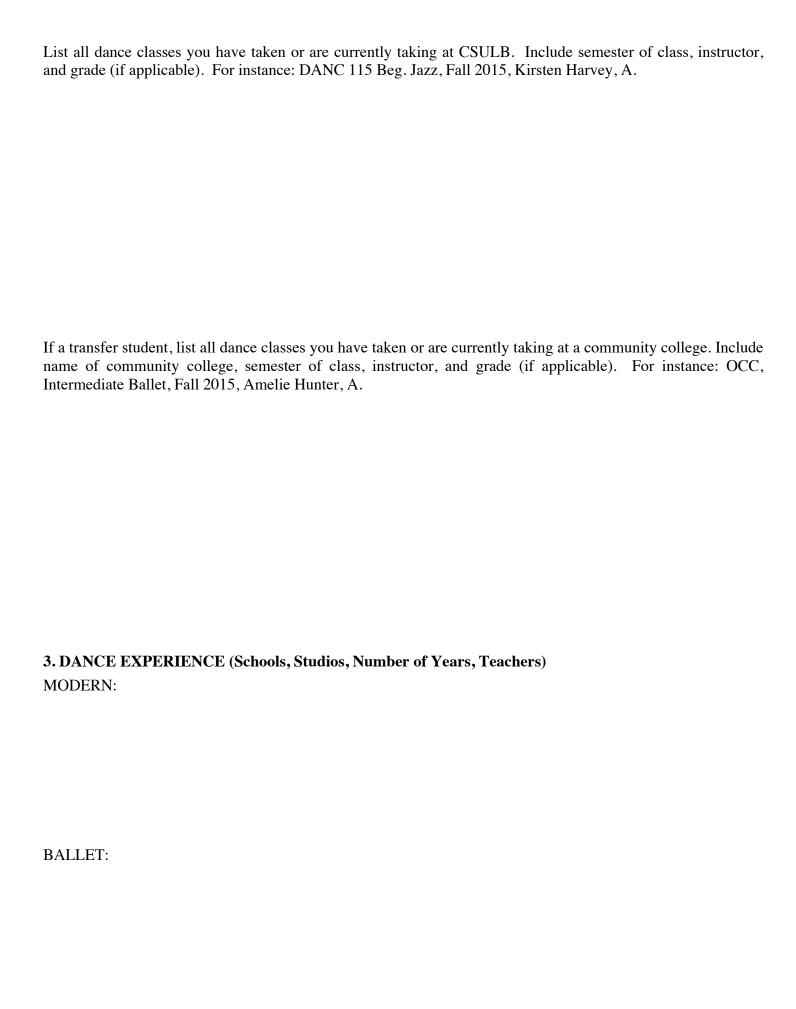
CSULB DEPARTMENT OF DANCE

Minor Technique Screening Application

Screening Date:		Audition #: (FOR OFFICE ONLY)		
Previous Screening Date:			(FOROTTICE ONE I)	
(IF APPLICABL	LE)			
1. PERSONAL INFORMATION				
Last Name	First Name	M.I.	Preferred Pronoun	
Street Address		Apartm	ent #	
City	State	Zip Coo	le	
Email Address		Telepho	ne Number	
CSULB Campus ID				
2. CSULB EDUCATION INFORM	IATION			
Department/Major		Units Completed/In Progress		
Expected Graduation Date		Grade Point Average		
Did you enter CSULB as a Freshman	or a Transfer Student?	Freshman	Transfer	
Are you currently a declared CSULB	Dance Minor?	Yes	No	



2 Revised 7/2/2020

JA	ZZ/TAP:	
W	DRLD DANCE:	
ОТ	HER PERFORMANCE EXPERIENCE:	
4.	WHY ARE YOU INTERESTED IN PASSING THE MINOR TECHNIQUE SCREENING (100-2 words)?	200

3 Revised 7/2/2020