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 _____
Last First Middle

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

Home Phone _____ Cell Phone _____ E-mail _____

High School _____ Date of Graduation _____

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 3 minutes**):
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 _____