

Name (Please Print) \_\_\_\_\_

ID# \_\_\_\_\_

Current Advisor \_\_\_\_\_

Declaration  Audit

Major Advisor (Please Print) \_\_\_\_\_  First major?  Second major? Anticipated Grad Year \_\_\_\_\_

If you are changing your major, what was your old major? \_\_\_\_\_

**Dance Interdisciplinary BA: Theory & Performance Studies**

**interdisciplinary, 12 courses**

At least 6 courses must be unique to any major. All courses for the major must be completed with a grade of C- or better. Credit/No Credit courses may not be used toward the major. All electives must be approved by the advisor.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Two upper level DAN technique courses:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	DAN 9__	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	DAN 9__	_____
Dance Ensemble:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	DAN 980	_____
Dance History: DAN 210, 212, or 214				
<input type="checkbox"/>	<input type="checkbox"/>	_____	DAN _____	_____
Movement Studies: DAN 225, 305, or 325				
<input type="checkbox"/>	<input type="checkbox"/>	_____	DAN _____	_____
Capstone:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	DAN 460	_____
Two DAN electives (not technique) at 200-level or higher:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	DAN _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	DAN _____	_____
Four electives from outside the department, to be chosen in consultation with the advisor:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**Comments:**

**Major Certification**

We agree that the successful completion of the program of courses indicated above will constitute an acceptable major. (Compliance with uniqueness rules and other requirements will be confirmed by the Registrar.)

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Major Advisor signature \_\_\_\_\_

Date \_\_\_\_\_

Department or Program Chair signature \_\_\_\_\_

Date \_\_\_\_\_