

TEACHER TRAINING PROGRAM



The Teacher Training Program at the Martha Graham School of Contemporary Dance is a one-year, full time, 30-credit program for advanced/professional level students wishing to prepare for careers in dance teaching. The program starts with the fall semester in September and ends with the spring semester in June. The first semester of study focuses on teaching approaches and methodology, the second semester focuses on teaching practices. All students take a minimum of five to eight technique classes per week, as well as coursework in dance history, music and electives selected in conjunction with an advisor. The course of study requires research, written analysis and demonstration of skills acquired through peer teaching and internships. All applications will be reviewed by a faculty committee. Once an application is received and reviewed, the applicant will be contacted within 4 weeks regarding further procedures.

PREREQUISITES: Advanced Level Graham Technique, completion of Composition I, completion of 2 Advanced Repertory Courses.

REQUIREMENTS FOR ADMISSION (all applicants must be evaluated in person):

Applicants currently attending the Martha Graham School:

Audition in an Advanced/Professional Level class.

Applicants not currently attending the Martha Graham School but have attended previously:

Participation in at least two weeks of technique class of the Summer Intensive Course prior to the start of the program. Applicants will be evaluated during that time.

Applicants that have never studied at the Martha Graham School:

Participation in the full six-week Summer Intensive Course the summer prior to the start of the program.

Applicants will be evaluated during that time.

All applicants: Personal statement of intent.

FEE PER SEMESTER: \$3,500. (\$2,750 for applicants that have completed the Professional Training Program within the prior academic year)

SEMESTER REGISTRATION FEE: \$50

TOTAL FEES FOR THE FULL PROGRAM: \$7,100.

COMPLETION REQUIREMENTS: completion of all required units as well as determined electives.

DEGREE CONFERRED: Certificate of Completion.

“Certificate of Recognition as Martha Graham Teacher Level 1”, provided the practical exam is passed.

<u>FIRST SEMESTER (Fall)</u>		<u>SECOND SEMESTER (Spring)</u>	
Pedagogy I	3 units	Pedagogy IIA	3 units
Martha Graham Technique (Minimum)	6 units	Pedagogy IIB	1-3 units
Internship Demonstration	1 unit	Martha Graham Technique (Minimum)	6 units
Dance History I	1 unit	Teaching Practicum	1-3 units
Composition I	1 unit	Music II	1 unit
Advanced Repertory	1 unit	Advanced Repertory	1 unit
Music I	1 unit		
Electives:	2 units	Electives:	1 unit
TOTAL	13 - 15 units	TOTAL	12 - 15 units

ELECTIVES: Production, Costuming, Independent Study, Partnering, Acting, additional Composition, Repertory, Technique

Students may opt to complete remaining credit requirements during the following Summer Intensive Program.

APPLICATION FOR THE TEACHER TRAINING PROGRAM



**MARTHA
GRAHAM**
School of Contemporary Dance

Please attach/include your Personal Statement of Intend, and, if applicable, proof of previous study at the Martha Graham School (letters, transcripts, certificates).

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH _____ GENDER: MALE FEMALE
MONTH DAY YEAR

SOCIAL SECURITY NUMBER: ____ - ____ - ____ (N.A. if not available)

ARE YOU A U.S. CITIZEN OR A PERMANENT RESIDENT? YES NO

ETHNICITY (for U.S. Citizens only):

- American Indian/Alaska Asian/Pacific Islander Black, Non-Hispanic Hispanic
 White, Non-Hispanic Race/Ethnicity Unknown Other: _____

IF YOU ARE NOT A U.S. CITIZEN, PLEASE COMPLETE THE FOLLOWING:

COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____

ARE YOU CURRENTLY IN THE USA? YES NO IF YOU HAVE ANSWERED YES:

WHAT IS YOUR CURRENT IMMIGRATION STATUS? _____

PERMANENT ADDRESS _____

MAILING ADDRESS _____

TELEPHONE _____ MOBILE: _____

EMAIL _____

TERM YOU WISH TO BEGIN THE TEACHER TRAINING PROGRAM:

FALL 200__ (please indicate year)

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME _____

ADDRESS _____

TELEPHONE _____ MOBILE _____

RELATIONSHIP TO YOU _____ EMAIL: _____ OVER →→→

● WHAT IS YOUR EDUCATIONAL BACKGROUND? ACADEMIC AND DANCE (PLEASE GIVE DATES OF ATTENDANCE)

DIPLOMAS/DEGREES _____ (PLEASE GIVE NAME OF INSTITUTION)

● WHAT IS THE EXTEND OF YOUR PREVIOUS TRAINING IN THE MARTHA GRAHAM TECHNIQUE? PLEASE DESCRIBE

● HAVE YOU DANCED WITH ANY PROFESSIONAL COMPANY? PLEASE DESCRIBE

● WHAT PROFESSIONAL AMBITIONS DO YOU HAVE?

● HOW DID YOU FIND OUT ABOUT THE MARTHA GRAHAM SCHOOL?

I CERTIFY WITH MY SIGNATURE THAT THE PROVIDED INFORMATION IS TRUE AND CORRECT.

YOUR SIGNATURE _____

DATE _____



For Office Use Only

ACCEPTED YES: NO:

NOTES _____

DIRECTOR OF PROGRAMS: _____

DATE: _____