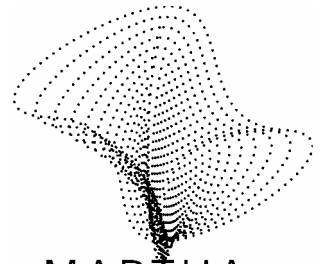


**APPLICATION FOR THIRD YEAR
POST CERTIFICATE PROGRAM**



**MARTHA
GRAHAM**
School of Contemporary Dance

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):

___ 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 _____

EMAIL _____

DATE OF ENROLLMENT IN TRAINING PROGRAM: _____

COMPLETION DATE OF TRAINING PROGRAM: _____

MARTHA GRAHAM ENSEMBLE MEMBER? YES ___ NO ___

ENROLLMENT DATE _____

DATE OF POST CERTIFICATE STATUS _____

EXPECTED COMPLETION DATE _____

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME _____

ADDRESS _____

TELEPHONE _____

RELATIONSHIP TO YOU _____

.....

Technique classes per week:

Level of Technique Class:

Area of Focus:

Performance

Choreography

Pedagogy

Culminating Project:

Performance/Repertory

Choreography

Teaching Internship

.....

Student Name _____

Student Signature _____ Date ____/____/____

Advisor Signature _____ Date ____/____/____

.....

For Office Use Only

ACCEPTED YES: NO:

DIRECTOR OF PROGRAMS: _____

DATE: _____