



PARTICIPATING INSTITUTION PROFILE

Graduate Auditions/Interviews ♦ Atlanta, GA ♦ September 11, 2010

INSTRUCTIONS:

- Complete by typing the form
- This form will be copied exactly as submitted to SETC
- No attachments or enclosures will be accepted
- **DO NOT** Fax this form
- Return along with all other forms by August 15

Please Indicate In Which Activities Your Institution Is Participating

Graduate Acting Auditions

Graduate Design/Tech Interviews

Institution Name: _____

Institution Address: _____

Primary Contact Person: _____ Position: _____

Phone: _____ Fax: _____

Email: _____ Dates of Academic Year: _____ to _____

Onsite Representative(s): _____

Onsite Cell Phone: _____

List and Describe Degrees/Programs Offered:

Give Brief History of School and Department:

Describe Facilities:

Explain Scholarships or Assistantships Available: