MIDDLE TENNESSEE STATE UNIVERSITY
DEPARTMENT OF THEATRE AND DANCE

PRODUCTION PRACTICUM PERMISSION

Student ____________________________________________

Student ID # ___________________________ Semester/Year ________

CRN ______________ Course Section THEA 4900-__________ Cr.Hrs. (1)

Project Title / Show Title

The above named student has met departmental requirements or prerequisites and is granted permission to register for the course indicated for the purpose of completing the above practicum project:

Approved ___________________________ Date __________

Project Advisor

RETURN THIS COMPLETED AND SIGNED FORM TO CATHERINE NEAL, BDA 205