

TNUA VISITING SCHOLARS APPLICATION



Applicant contact information

Name: _____

Address: _____

City: _____

County: _____ Postal Code: _____

Phone: _____

Email: _____

Quarter(s)/Year of proposed visiting scholar residency
at the Ohio State University Department of Dance

AU
 W
 SP 20____

Arrival ____ / ____ / ____
Departure ____ / ____ / ____

Would you like assistance in making
housing arrangements? Yes
 No

Degree program currently enrolled in

Proposed graduation date

Previous education

Previous dance training

Related skills and proficiencies

Academic advisor contact information

Name: _____

Address: _____

City: _____

County: _____ Postal Code: _____

Phone: _____

Email: _____

Emergency contact information

Name: _____

Address: _____

City: _____

County: _____ Postal Code: _____

Phone: _____

Email: _____

Please attach a letter of intent, curriculum vitae, official academic transcript, and two letters of recommendation. Completed applications should be submitted to the Program Liason at OSU prior to March 1st for travel in the following academic year.