

Forms

**Department of Theatre and Dance
Senior Capstone Application**

Name: _____ Graduation
Semester/Year: _____

Academic
Advisor _____

Committee Members:

GPA _____

Major Concentration

Semester/Year of Capstone Registration: **FALL** _____
SPRING _____

(PLEASE NOTE THAT YOUR CAPSTONE MUST BE COMPLETED THE SEMESTER IN WHICH YOU ARE REGISTERED.)

Type of Capstone Project: Please consider the criteria listed on cover page

(Check one)

- Written**
 Production w/written component
 Collaborative w/written component

Please note that any student proposing a Collaborative Capstone project must submit separate, individual applications, which outlines the collaboration in detail and turn them in at the same time.

Proposal: Please attach your **1 page, type –written**, Capstone proposal

Proposals will either be accepted as proposed, accepted with revisions, or denied.

1. Title:

2. Overview:

3. Explain how this Capstone relates to your degree concentration
4. Explain how this is a summative product of your 4 years
5. Describe your proposed process
6. List your three primary resources
7. List your proposed time line

Memorial Health Dance Studio Usage, policy and, protocol.

Please initial in the space provided indicating that you understand these statements and can agree to them.

_____ I understand that NO street shoes will be worn in the dance studio. Only dance specific shoes can be worn.

_____ I understand that if I choose to use the Dance Department's sound equipment, any damage I may cause is my responsibility.

_____ I will respect the offices that share the dance studio wall by keeping the volume of my music at a reasonable level. (No higher than 7)

_____ I understand that NO food or drinks are allowed on the dance studio except for water bottles or drinks with a lid.

_____ I will respect the Campus Police. Regardless of my permission to use the dance studio, I will politely show my ID/re-swipe into the building/vacate the premises if asked to do so by the Campus Police.

_____ I will respect the ROTC/Military Science faculty and staff. Regardless of my permission to use the dance studio, I will politely show my ID/vacate the premises if asked to do so by the ROTC/Military science staff or faculty.

I understand the following statements and agree to the terms. I also understand that if at any time I am found to be in violation of the policies and protocol my studio use privilege may be revoked.

Signature

Print Full Name

A#	Email
Cell #	Dates of Studio Request
Purpose:	
Authorized by:	Today's Date:

Scheduling Priority for the Memorial Health Dance Studios

All scheduling for the Memorial Health Dance Studios shall take the following into consideration listed in order of priority.

- 1.) All dance and theatre classes, workshops, or training, offered through the APSU Theatre and Dance Department.
- 2.) All dance classes offered through the APSU Community School for the Arts.
- 3.) Rehearsal and studio prep time as required by APSU dance faculty and guest artists.
- 4.) Rehearsal time for student choreographers as approved by Marcus, Margaret Rennerfeldt, or Dr. Ayo Walker.
- 5.) Clubs and Organizations affiliated with APSU.
- 6.) Individual Students of APSU.

**Margaret Fort Trahern Laboratory/Trahern/Classroom/Rehearsal Space
Reservation Form**

Please initial in the space provided indicating that you understand these statements and can agree to them.

_____ I understand that I am responsible for cleaning up after I have used the space.

_____ I understand that if I choose to use the sound equipment, any damage I may cause is my responsibility.

_____ I will respect the offices that share the wall by keeping the volume of my music at a reasonable level. (No higher than 7 and lower if asked)

_____ I understand that NO food or drinks are allowed in the black box except for water bottles or drinks with a lid.

_____ I will respect the Campus Police. Regardless of my permission to use the space, I will politely show my ID/re-swipe into the building/vacate the premises if asked to do so by the Campus Police.

I understand the preceding and following statements and agree to the terms. I also understand that if at any time I am found to be in violation of the policies and protocol my use privilege may be revoked.

Signature	Print Full Name
_____	_____
A#	Email
_____	_____
Cell #	Dates of Studio Request
_____	_____
Purpose:	

Authorized by:	Today's Date:
_____	_____

Scheduling Priority for All Trahern Spaces

All scheduling for the Memorial Health Dance Studios shall take the following into consideration listed in order of priority.

- 1.) All dance and theatre classes, workshops, or training, offered through the APSU Theatre and Dance Department.
- 2.) All theatre and dance classes offered through the APSU Community School for the Arts.
- 3.) Rehearsal and studio prep time as required by APSU Theatre and Dance faculty and guest artists.
- 4.) Rehearsal time for student choreographers as approved by Theatre and Dance Faculty.
- 5.) Clubs and Organizations affiliated with APSU.

6.) Individual Students of APSU.



**LENDING AGREEMENT
AUSTIN PEAY STATE UNIVERSITY**

1. I agree to use the lent equipment properly, and for its intended use, to ensure my safety and to ensure that the equipment remains in good working condition while in my possession. I understand that I must return equipment in the same condition.
2. I will supervise others who may be working with me to ensure that all persons understand the proper use of equipment and its intent.
3. I understand that all equipment has been inspected prior to my borrowing, and that I am responsible for repair or replacement cost for all equipment lost, stolen, or damaged while in my possession. APSU staff will determine if the equipment has been properly cleaned and will test items to ensure they operate correctly.
4. I understand if any equipment I have borrowed becomes damaged or stops working while I am using it, I must not attempt to repair it myself but call or return to Austin Peay State University **AS SOON AS POSSIBLE**.
5. I understand the equipment must be returned by _____, unless authorized by Austin Peay State University, Theatre & Dance Department. If I do not return item(s) within 10 days of its due date, the item(s) will be considered stolen property and legal action will be taken.
6. Failure to adhere to the terms and conditions as hereby set forth shall immediately render me ineligible to further participate in the Lending Program at Austin Peay State University.
7. I have received instruction on the proper use of equipment I am borrowing.

Signed this day of _____, 20____ in the presence of an authorized representative of Austin Peay State University.

Austin Peay State University Representative

Items Borrowed:



Area of Theatre and Dance – Loan Form

Contact Person
Phone/Ext
Email

Name:	Phone:	Date:	Email:			
Department or Address:						
Item	Qty.	Original Condition	Return Condition	Estimated Cost (\$)	Date Returned	Initial

The party listed above is taking responsibility for the safe return of all items listed above and in the condition in which they were borrowed. If item(s) are lost, stolen, or not returned in the original or borrowed condition, the party listed above will be responsible for ALL repairs and/or replacement of item(s) at the discretion of The Area of Theatre and Dance, Department Chair. – Please return this form with the return of listed items to the contact person listed at the top of this form, or the Theatre and Dance Office TR227

Date Borrowed:	Date of Return:	Final Date of Contract: (initial)		
Department Chair Signature	Date	Borrowers Signature	Date	
Costume Design Faculty	Date	OR	Scenic Design/Prop Faculty	Date

Any Questions please contact The Area Of Theatre and Dance at (931) 221-6767 Please Submit Original to TR227

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ADDRESS CHANGE FORM
Bring to Ellington Building, Room 316 or Fax to 931-221-6264

PERMANENT CHANGE OF ADDRESS: Check : Yes _____ No _____

NOTE: If current or previous employee at APSU, you must first contact Human Resources for assistance

- Official University documents are sent to the Mailing Address
- You may not use a Campus Box or Residential Halls for permanent or local addresses. Emerald Hills Apartments may be used for local address.

Please print all information

Name _____
Last First M

Student ID _____

NEW LOCAL ADDRESS

Address

City _____ State _____ Zip _____

Phone _____
 include area code

NEW MAILING ADDRESS

Address

City _____ State _____ Zip _____

Phone _____
 include area code

Signature _____ Date _____

(requests cannot be processed without your signature)

--revised 10/2/12

A digital version of this form is available at:
https://www.apsu.edu/registrar/forms/address_form.pdf

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DROP DURING W/F PERIOD REQUEST
This form is not to be used for Complete Withdrawals (dropping all courses)

This form must be completed by students who have a registration hold of any type on their record in order for the course to be dropped.

Students with the following registration holds must get approval from the appropriate department as follows:

Hold	Office Responsible for Signing
Athlete	Athletic Compliance Coordinator
Student Affairs Hold	Dean of Students
Military Using TA (GoArmyEd)	Must drop through GoArmyEd – this form is not needed

This form must be completed and returned to the Office of the Registrar, EL 316. Notification will be sent to your instructor to electronically assign a grade of W or F.

University Policy for W/F period:

A grade of "W" will only be awarded if the instructor determines the student is passing at the time of withdrawal.

Students please complete this portion and obtain the necessary signatures if required.

Name _____ Student ID _____

CRN	Course Subject	Course Number	Course Section

Required Signatures:

*Athletic Compliance Coordinator _____ Date _____

*Dean of Students _____ Date _____

I am certifying that I wish to be dropped from the course(s) listed above.

Student Signature _____ Date _____

*Only if required

Registrar Office Use Only

Date Received _____ Date Processed _____ Initials _____



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**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
STUDENT RELEASE OF CONFIDENTIAL INFORMATION FORM**

This form allows students to authorize the release of confidential academic, financial aid, discipline, and student account information otherwise protected by the Family Educational Rights and Privacy Act (FERPA) to designated persons. These designated persons will have access to the student's grades and progress reports, certain disciplinary records, and other information related to academic progress, financial aid, and student financial accounts.

AUTHORIZATION – THIS MUST BE SIGNED IN ORDER FOR INFORMATION TO BE RELEASED:

I (the student) do hereby authorize Austin Peay State University ("University") and/or its employees to release my confidential academic, financial aid, discipline and any student financial account information, including academic progress reports and grades when available, to the person(s) named in the following information. This release does not apply to other information (counseling and health) protected by the Family Educational Rights and Privacy Act (FERPA). Authorization is valid as long as I am enrolled at Austin Peay State University or until cancelled in writing by me. I understand I have the right to receive a copy of such records upon request. I acknowledge that I may revoke this "Student Release of Confidential Information" *in writing* at any time by presenting such authorization *in person* to the Office of the Registrar. I also acknowledge and agree that any disclosure of records and/or information made prior to my written revocation shall not constitute a violation of my right to privacy under federal and state law. To cancel this release, the student must submit the *written* cancellation request *in person* to the Registrar's Office in Ellington Building, Room 316.

Student's Signature _____ Date

IMPORTANT: The following information must be completed to assist University staff in identifying the non-student recipient of information when he/she calls to request information by telephone.

Student Information

Student's Name (please print): _____

Student's Banner ID#: A _____ Student's Last 4 Digits of SSN _____

Recipient Information

Name of person(s) (other than self) authorized to receive or request information. List primary recipient first and print clearly.	Personal Identification Number (4-digit number)
_____	_____
_____	_____
_____	_____
_____	_____

Primary Recipient Address

Street

City State Zip

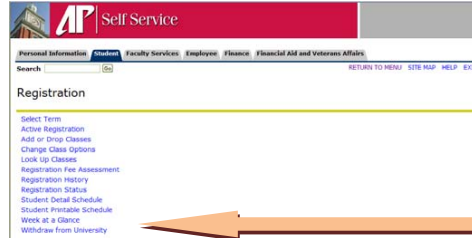
(_____) _____ (_____) _____

Home Telephone Cell or Work Telephone

A Digital Version of this form is available at:
<https://www.apsu.edu/registrar/files/FERPA.pdf>

How Do I Withdraw Online?

1. Login to AP Self Service or OneStop
2. Under Registration, Choose “Withdraw from University”



***Note:** The following students may not withdraw from the University using the online process. Please follow the instruction below to complete the withdrawal process.

FRESHMAN-Based on your classification as a freshman, you must make an appointment with the Academic Alert Coordinator to withdraw from the University. To make an appointment, please call (931) 221-6555 or visit Marks 127.

ATHLETES-Based on your classification as an athlete, you must make an appointment with the Athletics Compliance Coordinator prior to withdrawing from the University. Please contact the coordinator at (931) 221-6119.

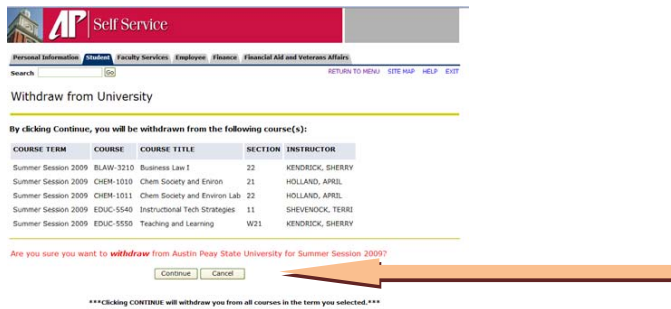
Active Duty – GoArmyEd-Based on your status as an Active Duty Soldier you are required to drop your courses through the GoArmyEd portal. If you have questions regarding this, please contact the Office of the Registrar at (931) 221-7150 or visit the Office of the Registrar in Ellington 316.

****Also be aware that withdrawing from the University may have an effect on your financial aid, lottery scholarship and may result in balance owed to the University. Please consult with your financial aid counselor if you have any questions about the effect withdrawing may have on your financial aid status.**

3. Choose Effective Term for Withdrawal, then Continue.



4. Choose “Continue to confirm withdrawal”.



To Withdraw or Drop During Mandatory F Period Visit:
<http://www.apsu.edu/registrar/>