

THE AILEY SCHOOL

OFFICIAL SCHOOL OF ALVIN AILEY AMERICAN DANCE THEATER

External Audition Form

Please Read → Student must see and fill out this form with their Advisor before attending the audition.

Student Name: _____ Date: _____
Last First

Faculty Advisor: _____ Program: _____

Name of Audition: _____

DATE OF AUDITIONS: _____
Day of the week Month Day Year

Please list below the classes you are missing in order to attend the audition.

Day/ Date/ Time
(EX): Mon, Jan.1,09 8:30am

Class / Level
(EX): Modern I

Teacher
(EX): Jefferson

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Advisor's Use Only:

Comments: _____

Advisor's Signature: _____ Date signed: _____