

## Dance Department Certificate Application for certificates in Dance, Dance/Movement Therapy or Pilates

Current UW-Madison students seeking a certificate in Dance, Dance Movement Therapy, or Pilates must complete and submit this form to the Dance Office, 125 Lathrop Hall, 1050 University Avenue, Madison, WI 53706.

Name	
	Last <span style="margin-left: 200px;">First</span> <span style="margin-left: 100px;">Middle</span>
Student ID	
Campus Address	
Home Address	
Email Address	
Phone	

**Current and Desired Program**      Current Program/Classification (e.g. B.S. Rehab Psych) \_\_\_\_\_

Desired Certificate (circle one)      Dance      Dance /Movement Therapy      Pilates

I request to be considered with the classification indicated above. I have met with the certificate advisor. I understand that I must meet with/him/her for appropriate progress through the certificate program and successful completion of the certificate.

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Student Signature Date

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Certificate Advisor Signature Date

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Chair Signature Date