



UNIVERSITY of
SOUTH FLORIDA

College of The Arts
School of Theater & Dance

DECLARATION OF CERTIFICATE

NAME:

U NUMBER: U

MAJOR:

SEMESTER:

USF EMAIL:

DATE:

CLASSIFICATION LEVEL (pick one):

Freshman

Sophomore

Junior

Senior

Second Bachelor

CERTIFICATE:

DANCE MEDICINE AND SCIENCE

ADVANCED DANCE STUDIES

STUDENT SIGNATURE:

ADVISOR SIGNATURE: