**SKIDMORE COLLEGE DEPARTMENT OF THEATER**

**SPECIAL PERMISSION FOR SENIOR PROJECT**

**(Please type or print legibly)**

**NAME: SEMESTER:**

**PROJECT TITLE:**

**PROJECT DESCRIPTION**

**Describe your project. Be sure to include the format of the project (paper, production, research, etc.).**

**What are your learning goals with this project? How does this project represent a culmination of your Theater training, experience and education?**

**What skills do you anticipate being able to take from this project into your professional life?**

**What resources will you use for this project? (i.e., rehearsal space, the library, fellow student collaborators, etc.)**

**Course(s) completed in preparation for this project:**

**Please add any additional information you would like us to know about your project:**

**Student’s Signature: DATE:**

**APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Faculty Sponsor**

**APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Lisa Jackson-Schebetta, Chair of Theater Dept.**