

SEMESTER \_\_\_ YEAR \_\_\_

# GRADUATE STUDIO APPLICATION

LAST NAME:		DATE:	
FIRST NAME:			
ADDRESS:			
CITY:		STATE:	COUNTRY:
PHONE:			
PROGRAM: _____MA		_____MFA	
CONCENTRATION: _____			
STATUS: _____CLASSIFIED _____CONDITIONALLY CLASSIFIED			
PROJECTED DATE OF GRADUATION: _____			

***IF YOU ARE REAPPLYING, LIST THE COURSES YOU COMPLETED DURING THE PAST TWO SEMESTERS:***

FALL 20\_\_

SPRING 20\_\_


## CHECK YOUR FIRST AND SECOND CHOICE FOR A STUDIO:

ART BLDG.    METAL FOUNDRY    CERAMICS    AUTO BAY    TEXTILES  
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EXPLAIN YOUR NEED FOR A SPACE ON CAMPUS:

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EXPLAIN THE NATURE OF YOUR WORK (MATERIALS, TOOLS, SIZE OF WORK, ETC.):

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