



## Art Department

### Senior Studio Application Form

*(please type or print)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student # \_\_\_\_\_

Address: \_\_\_\_\_

Tel. \_\_\_\_\_

\_\_\_\_\_

Cell \_\_\_\_\_

Email: \_\_\_\_\_

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Proposed area of study: \_\_\_\_\_

Statement of intent - *(a brief description of the six credit semester of work):*

*This application form must be submitted with your Portfolio, Counseling Report and Final DIG Form.*