UCLA DEPARTMENT of ART
Graduate Studies

DEPARTMENTAL SUPPLEMENT
Fall 2010

Name: ________________________________
(last, first, middle)

Mailing Address: ________________________________

Until what date: ________________________________

Phone Number: ________________________________

Email: ________________________________

Specialization: ________________________________
(select only one)

MFA  ____ Ceramics
      ____ Interdisciplinary Studio
      ____ New Genres
      ____ Painting/Drawing
      ____ Photography
      ____ Sculpture

California Resident:  ____ Yes  ____ No

Int’l Applicants:  ____ F-1 Visa  ____ J-1 Visa

Education: List degree(s) presently held or to be completed by the Fall of 2010
BFA / BA / BS / OTHER / MAJOR / NAME OF INSTITUTION / GPA / DATE COMPLETED
UCLA DEPARTMENT of ART
REFERENCE NAMES

Please complete this reference form with the understanding that we might or might not contact the people that you have listed.

Your Name: 
(last, first, middle)

1. Reference Name:
Address:

Phone Number: ______________ Email: ______________
Relationship: 

2. Reference Name:
Address:

Phone Number: ______________ Email: ______________
Relationship: 

3. Reference Name:
Address:

Phone Number: ______________ Email: ______________
Relationship: 

Privacy Notice:
The California Information Privacy Act requires the University to list the following information for individuals who are asked to provide information about themselves:
1. The principal purpose for requesting the enclosed information is to consider your application for admission to the UCLA Department of Art.
2. This information is solicited in accordance with University policy, adopted pursuant to Article IX, Section 9 of the California Constitution.
3. Failure to furnish each item of information will delay or may prevent completion of the purpose for which this questionnaire is intended.
4. Information furnished in this questionnaire may be used by various University departments and may be transmitted to State and Federal government agencies if required by law.
5. This questionnaire is maintained by the graduate counselor for the Department of Art.
In addition to the Statement of Purpose, please use this page to write a short statement about your artwork. The statement should be no longer than this page.

Your Name: ________________________________
(last, first, middle)