UCLA DEPARTMENT of ART
Graduate Studies

DEPARTMENTAL SUPPLEMENT
Fall 2009

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 2009
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)