

EASTERN MICHIGAN UNIVERSITY
ART DEPARTMENT

APPLICATION FOR ADMISSION
MASTER OF ARTS (Studio) – 30 credit hours

EASTERN MICHIGAN UNIVERSITY
DEPARTMENT OF ART
YPSILANTI, MICHIGAN 48197
734.487.1268

Candidate's Name _____ Date _____

Mailing Address _____

City, State, Zip _____

Telephone (_____) _____

E-mail Address _____

Studio concentration for which candidate is applying: _____
(Ceramics, Drawing, Graphic Design, Metals, Painting, Photography, Printmaking, Sculpture, Fibers, Watercolor)

Undergraduate education (please attach separate sheet if more space is needed)

Institution: _____

Dates attended: from _____ to _____

Degree(s) earned _____

Institution: _____

Dates attended: from _____ to _____

Degree(s) earned _____

Institution: _____

Dates attended: from _____ to _____

Degree(s) earned _____

Please list three references and arrange to have them forward their recommendation to the address listed below

1. **Name** _____ **Position** _____

Address _____

2. **Name** _____ **Position** _____

Address _____

3. **Name** _____ **Position** _____

Address _____

Please forward department application, letter of intent, portfolio (CD of images), and three letters of reference to:

GRADUATE COORDINATOR
MASTER OF ARTS (STUDIO) DEGREE PROGRAM
EASTERN MICHIGAN UNIVERSITY
ART DEPARTMENT
114 FORD HALL
YPSILANTI, MICHIGAN 48197

Any relevant information to your admission not requested on this form, please include on a separate page as part of the application.

Signature _____