

GRADUATE APPLICATION/SCREENING FORM

Art Education _____

Degree Objective: MA _____

Grad Admission Application Deadline:

FALL — TBD

SPRING — TBD

Date _____

Screening Semester _____

Name _____ CIN# _____

Last

First

Mailing

Address _____

Home Phone _____ Work Phone _____ E-Mail _____

Specialization:

_____ **Art Education**

(STUDENT IS RESPONSIBLE TO CONFIRM THE DATE AND TIME OF DEPARTMENT ADMISSION INTERVIEW — 323-343-4010)

Application Checklist

for Portfolio Screening: BA _____ BFA _____ Year _____ Major _____

University _____

_____ Admission to CSULA

_____ GPA, Last 2 years _____

_____ Copies of Transcripts

_____ 2 Letters of Recommendation

_____ Statement of Objectives for Graduate Study

Art Education _____ Research Papers

Comment:

_____ Written Response to Screening Question

Comment:

_____ Oral Interview

Comment:

COMMITTEE DECISION: Approved _____ **Declined** _____ **Qualifying Coursework Program** _____

Admission Note (optional):

Option Chair _____ Date _____

Faculty Signature _____ Date _____

Faculty Signature _____ Date _____

Faculty Signature _____ Date _____