APPLICATION for Bachelor of Fine Arts (BFA)

Sci	ulpture	Printn	naking		Painting	Photography
Name an	d Address				Phone	
					Work ()
					Home ()
					Email	
Educatio	nal Background					
School		<u>[</u>	Dates of Attend	<u>dance</u>	Degree object	ive/Degree completed
Class le	evel: (Circle one) S	ophomore / Ju	inior / Senior /	Grad	GPA in Art	
Have yo	ou completed all lo	wer division G	.E.?	Yes	_ No	
	-			-		
					Yes No	
Have yo	s remaining:	rt BA requirem	ents?	,	Yes No	
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Have yo Courses Art relat	s remaining:	rt BA requirem	ents?		Yes No	
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#1 Faculty Signature

#2 Faculty Signature

By signing this application you confirm that the above statements are true and that you allow future use of your artwork by the Department for outreach and assessment purposes.



Visual / Audio Image Release Form

I grant permission to Sonoma State University, its employees and agents, to take and use visual/audio images of me.Visual / audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. SSU will not materially alter the original images. The images may be used in any manner or media without notifying me, such as University-sponsored Web sites, publication, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-University uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release SSU and its employees and agents, including any firm authorized to publish and/ or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images. I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.

Printed name of subject:

Signature of subject:

Parent or guardian if under 18 years of age:

Telephone or e-mail address:

Address (optional):

Date:

Major:

Year in School:

Project name:

Photographer's name and contact information:

This form should be retained in the office coordinating the project as listed above.