

**APPLICATION for Bachelor of Fine Arts (BFA)**

|  |                    |                 |                    |
|--|--------------------|-----------------|--------------------|
| <b>BFA EMPHASIS - Choose <u>ONE</u> ONLY :</b> |                    |                 |                    |
| <b>Sculpture</b>                               | <b>Printmaking</b> | <b>Painting</b> | <b>Photography</b> |

A. Name and Address Phone

\_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

B. Educational Background

|               |                            |  |
|---------------|----------------------------|--|
| <u>School</u> | <u>Dates of Attendance</u> | <u>Degree objective/Degree completed</u> |
| _____         | _____                      | _____                                    |
| _____         | _____                      | _____                                    |

Class level: *(Circle one)* Sophomore / Junior / Senior / Grad GPA in Art \_\_\_\_\_

Have you completed all lower division G.E.? Yes \_\_\_\_\_ No \_\_\_\_\_

Courses remaining: \_\_\_\_\_

\_\_\_\_\_

Have you completed all Art BA requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Courses remaining: \_\_\_\_\_

\_\_\_\_\_

Art related experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Please upload your documents to a single folder in a USB Flash Drive and deliver to the Art Dept. main office, Art Building #128

- A one-page personal statement addressing your reasons for applying to the BFA program, your ultimate educational goal, whether you will be applying to be a teaching or lab assistant, and any other statements pertinent to application.
- Official, sealed transcripts from all post-secondary schools attended;
- (or) all transcripts are located in Art Dept. advisee folder.
- Digital portfolio: submit 10 - 20 digital images saved to a USB Flash Drive, due in the office by the application deadline.
- Transfer students include two (2) professional letters of recommendation.
- SSU students include two (2) faculty signatures below in support of application.

\_\_\_\_\_

#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.