

Studio Art Program
Department of Art, Architecture, and Art History
University of Massachusetts Amherst

APPLICATION FOR UNDERGRADUATE STUDIO SPACE

NAME: _____

ID # _____

EMAIL: _____

____ I already occupy a studio # ____ and wish to retain it.

____ I already occupy a studio # ____ and am requesting a studio change to # ____.

____ I do not have a studio and am requesting one.

Expected semester of graduation: spring / fall (circle one) _____ year

Degree: BFA ____ BA ____

Discipline: _____

Faculty Advisor: _____

Are you enrolled in Thesis for Spring 2010? Yes ____ No ____

How many total credits do you need to graduate? _____

Please list Studio courses you have enrolled in for Spring 2010:

Please list faculty who know your studio work well:

Please briefly describe your work and materials:

Signature Date

(turn this form in to Lisa by Friday, May 14, 2010, noon)