

**APPLICATION
MASTER OF ARTS PROGRAM IN ART HISTORY
School of Art, College of Design, Architecture, Art, and Planning
UNIVERSITY OF CINCINNATI**

DATE OF APPLICATION: _____

NAME: _____

CURRENT ADDRESS: _____

PHONE: _____ E-MAIL: _____

SOCIAL SECURITY #: _____ US CITIZEN? _____

BIRTHDATE: _____ BIRTHPLACE: _____

COLLEGES AND UNIVERSITIES ATTENDED:

<u>Name of School</u>	<u>Dates Attended</u>	<u>Degree with Date of Graduation</u>	<u>GPA</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HONORS, SCHOLARSHIPS, AWARDS (use back of page if necessary)

DO YOU WISH TO BE CONSIDERED FOR (check all that apply) :

Tuition Scholarship _____ YES _____ NO

Teaching Assistantship (assist with the 100-level Art History survey class) _____ YES _____ NO

Graduate Assistantship _____ YES _____ NO

• DAAP Galleries _____ YES _____ NO

• Visual Resources Collection (slide library), DAAP Library _____ YES _____ NO

SIGNATURE: _____

University Policy Statement

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