Art Department Information Form
Master of Fine Arts Degree Program

Name:_____
Address: _____
City: _____State:_____ Zip:_____Country:_____
Telephone: Work: _____ ____Cell:_____
Date of Birth:_____
Email Address: _____

Please list specific courses by title and credit hours in Art Studio, Art History and Theory. Please understand the importance of listing these courses although they also will be listed on your transcript. The Art Department often does not receive official transcripts for several weeks after the deadline and it is important for us to have this information with your portfolio for effective review.

Although this is an interdisciplinary degree, what is your main area of interest?

Full time or part time?

Have you applied for a graduate assistantship at WPUNJ?

What semester and year do you plan to begin your graduate studies?

How do you know about William Paterson University?

Return this information form with the **Portfolio Packet** to:

Graduate Arts Program Director
Power Art Center, Room 120
William Paterson University
300 Pompton Road
Wayne, NJ 07470