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APPLICATION FORM // ART STUDIO HONORS

DATE (MM/DD/YYYY):

LAST NAME:

FIRST NAME:

MI:

STUDENT BOO NUMBER:

STREET ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME PHONE NUMBER:

EVENING PHONE NUMBER:

EMAIL ADDRESS:

OVERALL UAB GPA AT DATE OF APPLICATION:

(MUST BE AT LEAST 3.0)

OVERALL MAJOR (ART STUDIO) GPA:

(MUST BE AT LEAST 3.5 IN ALL CLASSES)

FACULTY MENTOR'S NAME:

Return to:

Chair, Department of Art & Art History
AEIVA, 213
1221 10th Avenue South
Birmingham, AL 35294 or email to: llake@uab.edu

APPROVED BY:

Faculty Mentor Signature _____ Date: _____

Chair, Department of Art & Art History _____ Date: _____