

MASTER OF STUDIO ART (MSA) QUESTIONNAIRE

For application deadlines please refer to www.usyd.edu.au/sca

1. PERSONAL DETAILS

Full Name:			Title:
Address:			Post Code:
Home Phone	Work Phone	Mobile Phone	Fax Number
Email:			Date of Birth:

2. DISCIPLINE

Please indicate the discipline or combination of disciplines you are most interested in (maximum **2 only**), from the following list:

- | | |
|---|---|
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Print media |
| <input type="checkbox"/> Jewellery & Object | <input type="checkbox"/> Sculpture (including performance & installation) |
| <input type="checkbox"/> Photo media | <input type="checkbox"/> Film and Digital Art |

Discipline/s: (i) _____ (ii) _____

3. STUDIO PROJECT (It is compulsory to complete all these sections)

i) Working title of project:

ii) Detailed description of studio project. You should be able to complete studio project within one full-time year. (Attach separate sheet if necessary)

iii) Visual arts context and issues informing studio project (Attach separate page if necessary)

iv) Do you require studio space on campus? (please note part-time students might not receive a studio space)

YES

NO

4. REFEREES

State the names and addresses of two people who could provide comments on your previous work and/or relevant employment background (not necessary for applicants with SCA qualifications).

Full Name:

Address:

Phone Number(s):

Email:

Full Name:

Address:

Phone Number(s):

Email:

5. DECLARATION AND SIGNATURE

- I declare that the information on this form is correct and complete;
- I understand the information on this form is required to process my application and that if any of the information is not supplied, the University may be unable to process my application;
- I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information;
- I understand that no information on this form will be disclosed outside the University except where required by law;
- I authorise the University of Sydney to request my academic transcript from any tertiary institution previously attended by me;
- I understand I can access this form by contacting the Postgraduate Student Co-ordinator at the Sydney College of the Arts.

Signature _____

Date _____

RETURN ADDRESS: Sydney College Of The Arts
Student Administration Office
Locked Bag 15
Rozelle NSW 2039
AUSTRALIA

OR (for International students only)
International Office (G12)
The University of Sydney
NSW 2006
AUSTRALIA