

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

SECTION A: PERSONAL DETAILS

Full Name:		Title:	
Address:		Post Code:	
Home Phone:	Work Phone:	Mobile Phone:	Fax Number:
Email:			Date of Birth:
Degree type: <i>(Please tick box)</i>	<input type="checkbox"/>	a. A thesis comprising a substantial body of creative work for exhibition plus a written text examining the histories and theoretical underpinnings of the creative work, both of which demonstrate an original contribution to knowledge.	
	<input type="checkbox"/>	b. A substantial written thesis that, through a sustained investigation, demonstrates an original contribution to knowledge in the field of the history and theory of contemporary art.	
Semester / Year of Intake applied for: <i>(Please tick box & fill in year)</i>	<input type="checkbox"/>	Semester One _____ (year)	
	<input type="checkbox"/>	Semester Two _____ (year)	

SECTION B: DISCIPLINE

Please indicate below the discipline or combination of disciplines you are most interested in (maximum **2 only**), from the following list. You will be interviewed for selection in the discipline/s.

- | | |
|--|--|
| <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"/> Theories of Art Practice |
| <input type="checkbox"/> Film and Digital Art | |

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

SECTION C: PROPOSED SUPERVISOR

Name and signature (if already known or suggested):

SECTION D: PREVIOUS EXPERIENCE / REFERENCES

1. RELEVANT EMPLOYMENT

Employer name:

Address:

Phone Number(s):

Type of Work and position held:

Employment period: From _____(date) To _____(date)

Employer name:

Address:

Phone Number(s):

Type of Work and position held:

Employment period: From _____(date) To _____(date)

2. REFEREES (compulsory)

Full Name:

Address:

Phone Number(s):

E-mail:

Full Name:

Address:

Phone Number(s):

E-mail:

3. ANY OTHER RELEVANT DETAILS OR CREATIVE WORK EXPERIENCES

SECTION E: RESEARCH PROPOSAL

Please attach a 7-10 page proposal including the following:

1. Working title of project.
2. In relation to your Creative Work (Studio) (*if electing a degree by Creative Work and Thesis*)
 - Please provide a description of the concept for your Creative Work. Describe why the creative work is significant.
 - Describe the type of work you intend to produce, and the materials you think you will use.
 - What minimum studio facilities do you require?
3. In relation to the PhD Thesis
 - Please provide a description of your Thesis proposal. Include the aims of the Thesis and demonstrate these can be met within 3 years. Describe why the project is significant.
 - Please provide a statement on the connection between the Thesis project and your previous work as a researcher in the visual arts.
 - How does your Thesis proposal relate to the broader context of the visual arts? Please identify artists and theorists who are likely to be discussed in your Thesis and demonstrate the connections of these people to your overall concept.
4. What methodology do you intend to pursue with research and writing for your Thesis, in order to achieve your aims within the time period of 3 years? What resources do you intend to use (e.g. film and photographic archives)?
5. Please provide a brief bibliography relevant to the Thesis.

SECTION F: 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.

Applicant Signature _____ Date _____

RETURN ADDRESS:

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

(For International students only)
International Office (G12)
The University of Sydney
NSW 2006
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