

INDIVIDUAL STUDY FACILITY VERIFICATION FORM

Form must be filled in completely to obtain course enrollment number!

Student Name: _____ ID# _____

Instructor: _____ Student Phone: _____ email: _____

QUARTER (Chose one): FALL WINTER SPRING SUMMER YEAR: _____

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INDEPENDENT STUDY IN THE FOLLOWING AREA:
(You will be responsible for additional costs of materials)

_____ **PAINTING / DRAWING**

_____ **ELECTRONIC ART**

_____ **PHOTOGRAPHY**

_____ **PRINT MEDIA** (Check in with Print SRA before starting your project.)

_____ **SCULPTURE / INTERMEDIA / PUBLIC ART**

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WILL STUDENT BE USING CELLAR?*

(*Cellar is not available during Summer Sessions.)

_____ YES _____ NO

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APPROVED BY FACULTY SPONSOR (Ladder Rank Faculty – not lecturer):

Faculty signature indicates prior conversation and agreement with SRA
regarding any facilities use. SRA NAME :

FACULTY SPONSOR NAME (Printed): _____

FACULTY SPONSOR SIGNATURE: _____

DATE: _____

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(ART OFFICE USE ONLY)

COURSE STUDENT IS ENROLLED IN: _____