

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:

_____ **PAINTING / DRAWING**

_____ **ELECTRONIC ART**

_____ **PHOTOGRAPHY**

_____ **PRINT MEDIA** (If using **screen-printing** you will be responsible for your own additional costs for materials. Check in with Print SRA before starting your project.)

_____ **SCULPTURE / INTERMEDIA / PUBLIC ART**

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WILL STUDENT BE USING CELLAR? Faculty Sponsor must consult with cellar tech before signing off on this form if student has requested cellar access to ensure cellar capacity has not been surpassed.

_____ 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: _____