	DIDATES - APPLICATION: DEGREE DECLARING FOR	M SEMESTER	YEAR
FIRST NAME: STUDENT ID: PHONE:	MIDDLE INITIAL	:	ART GPA CUM GPA
CHECK DESII	RED DEGREE (select 1 <u>only</u> )	CHECK DESIRED ART CO	ONCENTRATION (select 1 <u>only</u> )
40 cred Minimu BACH 19 cred + 18 c	ELOR OF FINE ARTS DEGREE dit hours in Art Concentration um ART GPA-3.0, CUM GPA-2.0  ELOR OF ARTS DEGREE dit hours in Art Concentration redit hours in supporting minor um ART GPA-2.5, CUM GPA-2.0	Interactive Media Drawing Painting Sculpture Design (Visual Communication)	Art Education (BFA only) Cinematic Arts Photography Clay Glass Printmaking
1. I understand that if I do not participate in the Concentration Portfolio Review, that I will automatically accept a <i>first failed attempt</i> . If after the second semester I fail or choose not to go through, I will need to change majors.  2. I understand that the portfolio I present to the faculty for review should reflect a solid understanding of the foundations and commitment within my intended concentration area.  3. If I choose to attempt a Bachelor of Fine Arts degree and am accepted into my			
	concentration, I understand that I will a credit hour) portfolio review with my fa Arts, & Photography concentration stustudios are completed. Design concert. I understand that if I fail my first attestudent, with possible course restriction following semester. A second fail would scored at least 4 meets expectations, pursue the BA (Bachelor of Arts) degree plan.	also be required to participal culty to continue in the BFA adents will only have one CP atration students will also on the mpt at CPR, I will continue tons, and will have to try a sed prevent entrance into the and/or have a high enough	te in an Advanced Level (36 program. *Currently, Cinematic PR to undergo, after 24hrs of art ly have one CPR review at 30hrs. taking classes as an Art Intended cond time to pass CPR the BFA or BA program, unless I GPA where I could potentially
Student Signature:	By signing, you agree and understand the abo	ove criteria and policies.	Date:

Please email (typed) completed form with electronic signature to YOUR SPECIFIC AREA COORDINATOR.