Art Department Information Form Master of Fine Arts Degree Program

Name:			
Address:			
City:	State:_	Zip:	Country:
City:Telephone Cell:		Work/Home:	Country:
Date of Birth:			
Email Address:			
Please list specific courses by tire Please understand the important your transcript. The Art Depart after the deadline and it is imported effective review. If you need meaning the state of the property of	ce of listing these coment often does not rtant for us to have t	ourses although they receive official tra this information wi	y also will be listed on nscripts for several weeks
Although this is an interdiscipling	nary degree, what is	your main area of	interest?
Full time or part time?			
Have you applied for a graduate	assistantship at WF	PUNJ?	
Do you plan on beginning your Fall Semester Sp	graduate studies this pring Semester	s upcoming:	
How did you find out about Wil	lliam Paterson Unive	ersity?	

Please attach this information with your portfolio packet through the dropbox link. If you have any questions please email gradart@wpunj.edu or call 973-720- 3284.