

FONTBONNE UNIVERSITY
Fine Art Department
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St. Louis, Missouri 63105
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(314) 889-1431
fax (314) 889-1451

www.fontbonne.edu
www.fontbonne.edu/finearts/

Application For Graduate Study

Please print

Send completed application and \$25 nonrefundable fee (payable to Fontbonne University)
to Fine Art Department

- Master of Arts in Theatre
- Master of Arts in Theatre Education
- Unclassified (Theatre Education) 1, 2 & 3 are not required until you apply for admission to the Degree Program

To complete the application procedure, you must have the following forwarded to the Fine Art Department:

1. Official transcripts from every college or university attended
2. Three letters of recommendation, one of which is from a supervisor or recent academic advisor
3. Resume of theatre work

Name: _____ Maiden name: _____

Local address: _____
Street City/State Zip

Home Phone: _____ Business Phone: _____

E-mail address: _____ Soc. sec. no.: _____

Place of employment: _____

School district, if applicable: _____

Are you a citizen of the United States? Yes No

If no, are you a permanent resident? Yes No

If no, what is your country of citizenship? _____

If no, what is your country of birth? _____

Have you previously applied or attended Fontbonne University? Yes No

If yes, please indicate date(s) _____

ENROLLMENT INFORMATION

Semester/Term of enrollment Summer Fall Spring

How did you learn about this Master's program? _____

Enrollment Status: Full-time student Part-time student

List All Colleges and Universities Attended

<u>College or University</u>	<u>Dates Attended</u>	<u>Degree Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I wish to request an application for transfer of graduate credit previously earned at another college/university (limit to 6 hours).

Have you ever been convicted of or pleaded guilty to a crime, or are any criminal charges now pending against you?
 yes no If so, please specify the nature and circumstances of the offense, the date it occurred, the name and location of the court, and the sentence imposed. _____

INTERNATIONAL APPLICANTS

The United States Immigration and Naturalization Service requires that we collect the following data from our international students:

Gender _____ Marital Status _____ Date of Birth _____ / _____ / _____
(month) (day) (year)

Immigration Status (visa status; i.e., F-1, F-2, H-1b, etc.) _____

International Address _____

English proficiency (TOEFL scores) _____ GMAT/GRE Scores _____

Fontbonne University does not discriminate on the basis of race, color, religion, age, gender, sexual preference, national or ethnic origin or handicap in administration of its educational policies, admission policies, scholarship and loan programs, athletics and other school administered programs. The Fontbonne University coordinator for Title IX and section 504 of the Rehabilitation Act of 1973 is the vice president for finance and administration, Fontbonne University, 6800 Wydown Blvd., St. Louis, MO 63105. (314) 719-8007. Fontbonne University complies with the Family Educational Rights and Privacy Act of 1974, Public law 93-380, as amended.

The following information is requested for the purpose of reporting to federal compliance agencies concerning equal educational opportunities and to assure there is no discrimination on the basis of the above.

Race _____ (optional) Sex _____ (optional) Religion _____ (optional)
Date of Birth _____ / _____ / _____ (optional) Place of Birth _____ (optional)
(month) (day) (year)

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature

Date