

Check Program To Which You Are Applying

Painting in Barcelona

<input type="radio"/> IPD 3302-A	2 studio credits	June 25 – July 10	two weeks	\$3,800
<input type="radio"/> IPD 3303-A	3 studio credits	June 25 – July 16	three weeks	\$4,500

Studio Art Therapy in Florence

<input type="radio"/> IPD 3502-A	2 studio credits	May 29 – June 12	two weeks	\$3,100
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Digital Photography in Florence

<input type="radio"/> IPD 3202-A	2 studio credits	June 11 – 26	two weeks	\$3,800
<input type="radio"/> IPD 3203-A	3 studio credits	June 11 – July 2	three weeks	\$4,500

Art History in Southern France

<input type="radio"/> IPD 3703-A	3 art history credits	June 5 – 18	two weeks	\$3,800
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Art Therapy in Provence: Innovative Techniques for the Professional

<input type="radio"/> IPD 4006-A	20 CECs	June 19 – 26	one week	\$2,200
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Masters Workshop: Design History, Theory & Practices in Venice & Rome

<input type="radio"/> IPG 5212-A	3 graduate studio credits	May 30 – June 12	two weeks	\$6,700
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Masters Workshop Photographic Practices: Les Rencontres d'Arles 2010

<input type="radio"/> IPG 5242-A	3 graduate studio credits	July 4 – July 16	two weeks	\$6,700
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Digital Photography Residency in Shanghai

<input type="radio"/> IPD 3233-A	3 studio credits	June 26 – July 17	three weeks	\$4,300
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Action Surf Photography in Rincon

<input type="radio"/> IPD 3292-A	2 studio credits	March 6 – 14	one week	\$2,500
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Cinema in Italy

<input type="radio"/> IPD-3602-A	1 art history/ 1 film studio credit	June 20 - July 3	two weeks	\$3,800
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Colleges and Other Institutions of Higher Education You Have Attended

Institution _____ City _____ Dates Attended _____

Institution _____ City _____ Dates Attended _____

Travel Experience

Where _____ How Long _____ When _____

Where _____ How Long _____ When _____

Mark All That Apply

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Gender

Male Female

Optional question: Do you have a medical condition you want us to be aware of?

If yes, please describe the condition and any medication you are taking.

In Case of Emergency Notify

Last Name _____ First Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____ Country _____

Daytime Phone with Area Code _____ Evening Phone with Area Code _____

Cell Phone _____ E-mail _____

Statement Of Intent: *Please describe briefly your goal in attending this summer program.*

How did you hear about our Arts Abroad programs?

I hereby certify that the information above is complete and accurate. I also agree by signing this document that photographs or video clips taken during these programs of me or my work can be used for promotional purposes by the School of Visual Arts.

Signature of Applicant

Date