

CALIFORNIA COLLEGE OF THE ARTS GRADUATE APPLICATION FOR ADMISSION

CCA Enrollment Services Office

1111 Eighth Street, San Francisco, CA 94107-2247

Phone: 415.703.9523 or 800.447.1ART Fax: 415.703.9539

Email: enroll@cca.edu www.cca.edu

INTERNAL USE ONLY

Application Fee Received Yes No
 Portfolio Received Yes No

Name
LAST FIRST MIDDLE FORMER NAME, IF APPLICABLE

Permanent Address / Legal Residence
NO. & STREET CITY STATE COUNTY/COUNTRY ZIP CODE

Telephone
AREA CODE HOME PHONE WORK/MESSAGE FAX

Email Address
EMAIL

Mailing Address (if different from above)
NO. & STREET CITY STATE COUNTY/COUNTRY ZIP CODE

Telephone (if different from above)
AREA CODE HOME PHONE WORK/MESSAGE FAX

Date of Birth
MONTH DAY YEAR

Social Security No. - -

Citizenship U.S. citizen Non-U.S. citizen
 Permanent resident Country of citizenship (please indicate _____)

International Students Do you have a current visa? Yes No (if yes, indicate type _____)
 Do you need a student visa? Yes No

Enrollment Plans I plan to enter: Fall 200 _____

Graduate Intended Major Architecture Curatorial Practice Design Visual Criticism
 Writing
Fine Arts
 Ceramics Glass Jewelry / Metal Arts Media Arts
 Painting / Drawing Photography Printmaking Sculpture
 Textiles Wood / Furniture

EDUCATION HISTORY

Previous Colleges (Attach a separate sheet if necessary)
NAME OF COLLEGE OR UNIVERSITY CITY STATE

DATES ATTENDED DEGREE AWARDED & DATE MAJOR

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CALIFORNIA COLLEGE OF THE ARTS GRADUATE LETTER OF RECOMMENDATION

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Email: graduateprograms@cca.edu Website: www.cca.edu

To be completed by the applicant

Name of Applicant

LAST

FIRST

MIDDLE

Date of Birth

MONTH

DAY

YEAR

Social Security No.

 - -

Recommendation for admission to the following program

- MArch MFA, Design
 MA, Curatorial Practice MFA, Fine Arts
 MA, Visual Criticism MFA, Writing

In accordance with provisions of the Federal Educational and Privacy Act of 1974, enrolled students have the right to see their letters of recommendation unless they have explicitly waived that right.

- I waive my right of access to this recommendation. I do not waive my right of access to this recommendation.

NAME OF RECOMMENDER

POSITION

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

APPLICANT'S SIGNATURE

DATE

TO THE RECOMMENDER

The applicant named above has requested your recommendation for admission to California College of the Arts. We would appreciate your appraisal of the applicant's skills and talent, conceptual understanding, ability to learn and help others learn, motivation, professional promise, and scholastic aptitude, as well as your assessment of the applicant's strengths and weaknesses. You may write your comments on the second page of this form or attach a letter on your letterhead. Your candid assessment of the applicant will greatly assist in the admissions process. After completing this form, please place it in an envelope and sign across the seal. You may return the envelope to the applicant, who will forward it to the college, unopened, with his or her application materials. Or, if you prefer, you may mail the form directly to us.

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How long and in what capacity have you known the applicant?

CAPACITY

AMOUNT OF TIME KNOWN

RECOMMENDER'S SIGNATURE

DATE

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