STUDENT GALLERY EXHIBITION APPLICATION

NAME OF ARTIST/ORGANIZER _____________________________________________

EMAIL/ TELEPHONE CONTACT ___________________________________________

FACULTY REFERENCE ___________________________________________________

PARTICIPATING ARTISTS (if other than primary artist) _______________________

DATES REQUESTED ______________________________________________________

EXHIBITION PROPOSAL (please provide a brief description of the nature and scope of the proposed exhibition):

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Signature ________________________________

Date Submitted ____________________________

Approved [ ]

Returned for resubmission [ ]

Faculty Advisor Signature ________________________________