

Application for Art in Schools Initiative

3.0 1.0 Contact details

SURNAME	FIRST NAME	ID NUMBER
.....
TELEPHONE	EMAIL	
.....	

2.0 Program

NSCAD DEGREE PROGRAM	MAJOR	CREDIT TOTAL TO DATE
.....
PLEASE CHOOSE THE SESSION OF PREFERENCE	SESSION 1 (FEB 1 – APR 30)	SESSION 2 (JULY 1 – SEPT 30)
.....

3.0 Summary of Experience

Submit a one-page type-written overview (500 words max) of your experience and qualifications as relevant to the program. Qualifications that are considered applicable include an interest in art education and working with teens; a wide array of visual arts practice; an interest in developing creative projects with limited resources; collaborative working experience and interpersonal skills; high degree of maturity and responsibility. (see page 2)

4.0 Faculty Recommendations

Applicants must arrange for two members of faculty, with which he/she has worked, to submit recommendations on his/her behalf, by the posted deadlines. Recommendation forms are available in the Office of Student and Academic Services.

FACULTY NAME	FACULTY NAME
.....

5.0 Declaration

I hereby apply for the Art in Schools Initiative and authorize the Registrar to release an official copy of my academic transcript to the committee reviewing applicants.

SIGNATURE	DATE
.....

Office of Student and Academic Services
902 494 8129 tel, 902 425 2987 fax, studentser-
vices@nscad.ca

5163 Duke Street
Halifax, Nova Scotia, Canada
B3J 3J6
902 444 9600 tel.

Summary of Experience

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