

MASTER OF STUDIO ART (MSA) QUESTIONNAIRE

For application deadlines please refer to www.usyd.edu.au/sca

1. PORTFOLIO

Please submit a maximum of ten (10) examples of your creative work & label all examples clearly. Please tick appropriate box.

- 1 CD-ROM (readable by MAC / Apple computer)
- 10 Slides (labelled)
- 1 Video cassette (VHS – maximum 10 minutes only)

N.B. The portfolio may be submitted in either of the above formats only. DO NOT submit original creative work. Please provide a self-addressed/stamped envelope for the return of your portfolio when assessment is completed. If you are admitted to the degree program, you will need to collect your portfolio in person. Portfolios not collected/returned two months after the start of semester will be disposed of. The faculty is not responsible for any damage or loss of the portfolio.

2. PERSONAL DETAILS

Full Name:			Title:
Address:			Post Code:
Home Phone	Work Phone	Mobile Phone	Fax Number
Email:			Date of Birth:

3. DISCIPLINE

Please indicate the discipline or combination of disciplines you are most interested in (maximum **2 only**), from the following list. You will be interviewed for selection in the discipline/s.

- Ceramics
- Glass
- Jewellery & Object
- Photo media
- Film and Digital Art
- Painting
- Print media
- Sculpture (including performance & installation)
- Theories of Art Practice

Discipline/s: (i) _____ (ii) _____

4. STUDIO PROJECT (It is compulsory to complete all these sections)

i) Working title of project:

ii) Detailed description of studio project. NB. Studio project should be able to be completed within one year. (Attach separate sheet if necessary)

iii) Visual arts context and issues informing studio project (Attach separate page if necessary)

iv) Do you require studio space on campus? (please note part-time students might not receive a studio space)	YES	NO
--	-----	----

5. REFEREES
 State the names and addresses of two people who could provide comments on your previous work and/or relevant employment background (not necessary for applicants with SCA qualifications).

Full Name:		
Address:		Phone Number(s):
Email:		
Full Name:		
Address:		Phone Number(s):
Email:		

DECLARATION AND SIGNATURE

- I declare that the information on this form is correct and complete;
- I understand the information on this form is required to process my application and that if any of the information is not supplied, the University may be unable to process my application;
- I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information;
- I understand that no information on this form will be disclosed outside the University except where required by law;
- I authorise the University of Sydney to request my academic transcript from any tertiary institution previously attended by me;
- I understand I can access this form by contacting the Postgraduate Student Co-ordinator at the Sydney College of the Arts.

Signature _____

Date _____

RETURN ADDRESS: Sydney College Of The Arts
Student Administration Office
Locked Bag 15
Rozelle NSW 2039
AUSTRALIA

OR (for International students only)
International Office (G12)
The University of Sydney
NSW 2006
AUSTRALIA