

## STUDENT INFORMATION

PLEASE TYPE OR PRINT NEATLY USING INK

STUDENT'S LAST NAME FIRST MIDDLE

PERMANENT ADDRESS :: STREET

CITY STATE ZIP CODE

HOME PHONE [ WITH AREA CODE] CELL PHONE [ WITH AREA CODE]

EMAIL ADDRESS

HOW DID YOU HEAR ABOUT THIS CLASS?

**WHAT IS YOUR HIGHEST LEVEL OF ART COMPLETED?**

### STUDENT CHECKLIST

[ for office use only ]

- OBSERVATIONAL DRAWING
- STATEMENT OF PURPOSE
- TEACHER RECOMMENDATION
- INTERVIEW COMPLETE
- ARTWORK RELEASE FORM

## TEACHER RECOMMENDATION

FORMS SHOULD BE PLACED IN MR.GUYER'S MAILBOX  
NO LATER THAN FEBRUARY 7TH

PLEASE FILL IN THE CIRCLE FOR EACH MEASURE THAT BEST DESCRIBES THE STUDENT.

TEACHER'S NAME
WHAT COURSES HAVE YOU TAUGHT THE STUDENT
TEACHER'S SIGNATURE
<b>ADDITIONAL COMMENTS BELOW</b>

CURIOSITY	WEAK		STRONG
CREATIVITY + IMAGINATION	WEAK		STRONG
WORK ETHIC	WEAK		STRONG
LEADERSHIP	WEAK		STRONG
INTELLECTUAL CAPACITY	WEAK		STRONG
ORAL COMMUNICATION	WEAK		STRONG
WRITTEN COMMUNICATION	WEAK		STRONG
OVERALL MATURITY	WEAK		STRONG