



APPLICATION for ART EDUCATION INITIAL LICENSURE PROGRAM

Please refer to the Montserrat College of Art catalog or www.montserrat.edu for complete information concerning the Art Education Initial Licensure Program. Print or type your responses to the questions below. Fill out both pages of the application form. Diane Ayott is the Art Education Department Chair. Diane can be reached at dayott@montserrat.edu or 978.921.4242 x 1604.

Materials necessary to complete the application:

- Completed application form
- \$20 Non-refundable application fee (for non-Montserrat graduates)
- Statement of intent
- Official academic transcripts
- Portfolio of art work

Return all materials to the Office of Admissions:

Office of Admissions
Art Education Licensure Program
23 Essex Street, PO Box 26
Beverly, MA 01915

PERSONAL INFORMATION: FEMALE MALE

NAME _____
FIRST MIDDLE LAST

EMAIL ADDRESS _____

PREFERRED MAILING ADDRESS _____
NUMBER AND STREET

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

PHONE _____ ALTERNATE PHONE _____

OTHER ADDRESS (IF ANY) _____
NUMBER AND STREET VALID UNTIL

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

DATE OF BIRTH _____ SS# _____

COUNTRY OF CITIZENSHIP _____

IF NOT A US CITIZEN BUT RESIDING IN THE US, WHAT IS YOUR VISA STATUS?

PERMANENT RESIDENT STUDENT VISA F-1 TOURIST VISA OTHER

ALIEN REGISTRATION NUMBER _____

PROGRAM INFORMATION:

I AM APPLYING FOR THE FOLLOWING TERM SEPTEMBER JANUARY

IN THE FOLLOWING YEAR 2008 2009 2010 2011

I PLAN TO ATTEND FULL-TIME PART-TIME

EDUCATION INFORMATION:

HIGH SCHOOL _____ GRADUATION YEAR _____

CITY _____ STATE _____

ART TEACHER _____

COLLEGE OR UNIVERSITY ATTENDED _____

CITY _____ STATE _____

DATES ATTENDED _____ DEGREE EARNED _____
FROM TO

OTHER COLLEGE OR UNIVERSITY ATTENDED _____

CITY _____ STATE _____

DATES ATTENDED _____ DEGREE EARNED _____
FROM TO

Please arrange to have official academic transcripts to forwarded to the Registrar's office

EMERGENCY CONTACT _____

RELATIONSHIP TO YOU _____ PHONE _____

ADDITIONAL INFORMATION: Please, list any extracurricular activities or work experience in which you are currently involved and any honors or awards which you have received since completing your undergraduate degree(s).

STATEMENT OF INTENT:

Please enclose a statement describing your personal and artistic goals in completing the Art Education Licensure Program.

I CERTIFY THAT THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF APPLICANT _____ DATE _____

If you have any questions, please contact the Art Education Office at (978) 921-4242 X1604 or dayott@montserrat.edu.

publications, grants, exhibitions, or any other event that furthers the advancement of the college.