

GRADUATE APPLICATION

HARTFORD ART SCHOOL

Master of Fine Arts in Photography
Limited Residency



UNIVERSITY OF HARTFORD



HARTFORD ART SCHOOL

Limited Residency in Photography

DIRECTIONS FOR APPLICATION TO GRADUATE STUDY

The Center for Graduate and Adult Academic Services and the Hartford Art School welcome your application for graduate study at the University of Hartford. In order to be considered for graduate study in the Master of Fine Arts Program, you must complete the items listed in the CHECKLIST below.

This application contains a general application form, two letters of recommendation forms, one letter of intent form, and an immunization form. Please take time to review the material carefully. If you have questions about the application procedures, you may contact the Center for Graduate and Adult Academic Services at 860.768.4371, or the Graduate Program Director, Robert Lyons at 413.203.1391 or mfaphoto@hartford.edu.

Thank you for your interest in the Hartford Art School Limited Residency Master of Fine Arts in photography. We look forward to receiving your application.

- Optional phone conversation with Robert Lyons at 413.203.1391
- Portfolio submission with your application: The portfolio should represent your best work, indicate your major interest and direction, and demonstrate your ability; at least half of all the images should represent work done within the last twenty-four months, and all should be from within the last four years. The portfolio should consist of 20-25 images which can be submitted as jpegs between 150-300 dpi and no larger than 8"x10" size or actual prints no larger than 20x24".
- Complete the application form and submit it with a nonrefundable application fee, \$45 for domestic applicants, \$45 for international applicants, to the Center for Graduate and Adult Academic Services. The check should be made payable to the University of Hartford.
- Please ask all college and postsecondary institutions you attended to forward one official copy of your transcript to: Center for Graduate and Adult Academic Services, University of Hartford, 200 Bloomfield Ave., West Hartford, CT 06117-1599.
- Submit a Letter of Intent on the enclosed form.

- Request two letters of recommendation from persons practicing or teaching in the field, attesting to the applicant's ability and competence in that field. These recommendations should be made on the enclosed forms and forwarded to: Center for Graduate and Adult Academic Services, University of Hartford, 200 Bloomfield Ave., West Hartford, CT 06117-1599.
- Immunization Form. Please complete the Immunization Form and return to Health Services. Although the Immunization Form is not required for an admission decision, it is mandatory to be on file to register for classes.

International Applicants

The following items are required in addition to the above items:

- English Proficiency Examination. The official score from the TOEFL or IELTS is to be submitted by international students who earned their baccalaureate degree in a country where English is not the first language. The University of Hartford's test code number is 3436. Visit TOEFL at: www.ets.org or IELTS at www.ielts.org.
- Transcript Evaluation International transcripts must be evaluated by the World Evaluation Services/WES Visit: www.wes.org. You will incur an expense for the WES evaluation; therefore, the \$45.00 application fee will be waived.
- Guarantor's Statement A certified Guarantor's Statement of financial support is required. You may download the Guarantor's Statement at: www.hartford.edu/graduate/int.



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SUMMER YEAR

PERSONAL DATA - PLEASE TYPE OR PRINT

LEGAL NAME: LAST (FAMILY) FIRST (GIVEN) MIDDLE (COMPLETE)

OTHER NAME CREDENTIALS MAY BE UNDER:

PERMANENT ADDRESS: STREET CITY STATE ZIP PHONE

LOCAL ADDRESS: STREET CITY STATE ZIP PHONE

BUSINESS ADDRESS: EMPLOYER CITY STATE ZIP PHONE

E-MAIL May we call you at work? Yes No
*AN E-MAIL MUST BE SUPPLIED FOR APPLICATION UPDATE AND STATUS

SOCIAL SECURITY NUMBER: DATE OF BIRTH: DAY MONTH YEAR

SEX: Male Female

CITIZENSHIP: US Citizen Eligible non-citizen Permanent Resident ID number
Non-citizen Transfer I-20? Yes No

If yes, from what institution are you transferring your I-20?

Country of Citizenship

(If you are not a citizen or eligible non-citizen, please find additional information at: www.hartford.edu/graduate/intl)

ETHNICITY: Hispanic or Latino Non-Hispanic or Latino

RACE: (please mark one or more races from the following)

- American Indian/Alaskan Native
Asian
Black or African American
Native Hawaiian or other Pacific Islander
White

How did you hear about the University of Hartford?

Have you previously applied to the University of Hartford? Yes No If yes, when?

Are you seeking graduate transfer waiver/credit? Yes No If yes, from which institution(s)?

To what other graduate programs have you applied to other than University of Hartford?

FEDERAL ASSISTANCE (NON-U.S. RESIDENTS ELIGIBLE ONLY FOR GRADUATE ASSISTANTSHIPS)

To receive federal assistance, including Stafford loans, students at the University are required to file the Free Application for Federal Student Aid (FAFSA). Please contact the office of Financial Aid at 860.768.4296 or email: finaid@hartford.edu

Please return this form to the address above.

ACADEMIC HISTORY

LIST ALL POSTSECONDARY INSTITUTIONS YOU HAVE ATTENDED. (Attach additional information on separate sheet)

Institution (List chronologically)	4-Digit Code (if known)	Location	Attended From - To	Degree Awarded	Year	Major/Minor	GPA

List the foreign languages in which you have a basic reading knowledge: _____

TESTING INFORMATION

Have you taken any of the following Tests? Yes No If yes, when _____

TOEFL* DATE _____

University of Hartford TOEFL ID: 3436

Have scores been forwarded to the University of Hartford? Yes No

*NOTE: International students are required to take the TOEFL (Test of English as a foreign Language) prior to admission.

RECENT EMPLOYMENT HISTORY

(Attach additional information on separate sheet)

Institution (List chronologically)	Location	Job Title	Dates

AWARDS, HONORS, PROFESSIONAL MEMBERSHIPS, AND LICENSES

(Attach additional information on separate sheet)

RECOMMENDATIONS

(Attach additional information on separate sheet)

Name	Title	Address

I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me for admission to the University of Hartford or may later be the basis for my withdrawal or dismissal.

APPLICANT'S SIGNATURE _____ DATE _____

Please return your application materials, with the nonrefundable application fee,* to the University of Hartford, Center for Graduate and Adult Academic Services, Computer and Administrative Center, 200 Bloomfield Avenue, West Hartford, CT 06117-1599. Once your application and supporting documents have been processed, they become the property of the University of Hartford.

*\$45 Domestic and International application. Check should be made payable to the **University of Hartford**.



UNIVERSITY OF HARTFORD

Center for Graduate and Adult Academic Services
Computer and Administration Center
University of Hartford
200 Bloomfield Avenue
West Hartford, CT 06117-1599 USA
Telephone: (860) 768-4371 Fax: (860) 768-5160
E-mail: GradStudy@hartford.edu

HARTFORD ART SCHOOL
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STUDENT'S SOCIAL SECURITY NUMBER (OPTIONAL)
OR STUDENT'S TELEPHONE NUMBER
OR STUDENT'S EMAIL

LETTER OF INTENT

In the space below, describe your influences, interests, brief life history, current direction and reasons why you are applying. Statements should be no more than 500 words. If necessary, continue your letter on the back of the page.

SIGNATURE



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RECOMMENDATION FOR GRADUATE STUDY - TO BE FILLED IN BY APPLICANT

NAME OF APPLICANT _____

PROPOSED DEGREE PROGRAM _____ PROPOSED MAJOR _____

Waiver (optional): I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this letter of recommendation.

SIGNATURE _____ DATE _____

To the person completing this recommendation:

We would appreciate your candid opinion of this applicant's ability and competence to undertake graduate-level study in photography. Please be advised that the student has access to this recommendation unless he or she has signed the waiver of confidentiality above.

(use reverse side, if necessary)

RECOMMENDER'S NAME _____ PHONE NUMBER _____

DATE _____ SIGNATURE _____

INSTITUTION _____ TITLE/POSITION _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____

> Please return this form to the address above.



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(use reverse side, if necessary)

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DATE _____ SIGNATURE _____

INSTITUTION _____ TITLE/POSITION _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____

> Please return this form to the address above.



IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

NAME: _____

UH ID#: _____ SS# _____ DATE OF BIRTH _____ [] MALE [] FEMALE

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

STUDENT PHONE: CELL _____ HOME _____

STATUS: Will be living in campus housing? [] Yes [] No Date Entering University: _____

[] FULL-TIME [] PART-TIME [] GRADUATE PROGRAM [] FRESHMAN [] SOPHOMORE [] JUNIOR [] SENIOR

Exempt if born before 12/31/56--contact the office to request an exemption..

REQUIRED IMMUNIZATIONS

This section must be completed by either a physician or someone operating under the direction of a physician, i.e., school nurse, PA, APRN. Record of Immunizations (month/day/year)

Table with 5 columns: Disease History (IS NOT acceptable), 1st dose (or 1st MMR), 2nd dose (or 2nd MMR), OR, Lab evidence of immunity-titer is acceptable Date:
Rows: Measles, Mumps, Rubella

As of August 1st 2010, 2 Varicella (chicken pox) immunizations (at least 28 days apart), physician recorded diagnosis, or lab evidence of immunity to Varicella is required of all incoming students.

Table with 6 columns: Disease History acceptable, 1st dose, 2nd dose, OR, Lab evidence of immunity Date:, Titer:
Rows: Varicella, OR Date of physician confirmed disease:

Baseline test or current Tuberculosis Screening is required for ALL STUDENTS

Complete appropriate section (A or B) below:

A - [] Student was born outside the United States and/or has had the BCG vaccine in the past. If YES to this question, it is required that the student have a blood test (e.g. Quantiferon Gold TB test) instead of the skin test. BCG vaccines will interfere with the skin test.

Country of Birth: _____

[] Quantiferon Gold-TB test Date : ___ / ___ / ___ Results: [] Negative [] Positive

B - [] Student was born in the United States and has never had the BCG vaccine.

[] PPD (Mantoux) Date : ___ / ___ / ___ Results: [] Negative [] Positive Induration ___ mm

[] Chest x-ray (if positive PPD) Date : ___ / ___ / ___ Results: [] Negative [] Positive

[] If positive PPD, treatment with _____ Date: ___ / ___ / ___

All students living in CAMPUS HOUSING are required to have meningitis immunization.

[] Meningitis Vaccine Date : ___ / ___ / ___



UNIVERSITY OF HARTFORD

MAIL TO:
University of Hartford Health Services
200 Bloomfield Avenue
West Hartford, CT 06117-1599
Telephone: (860) 768-6601
Fax: (860) 768-5140

IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

NAME: _____ DOB: _____ STUDENT ID: _____

NON-REQUIRED, BUT STRONGLY RECOMMENDED IMMUNIZATIONS

- Hepatitis A Vaccine Date 1: ___/___/___ Date 2: ___/___/___
Hepatitis B Vaccine Date 1: ___/___/___ Date 2: ___/___/___ Date 3: ___/___/___
Hepatitis B Vaccine Date 1: ___/___/___ Date 2: ___/___/___ Date 3: ___/___/___
Hepatitis B Vaccine Date 1: ___/___/___ Date 2: ___/___/___ Date 3: ___/___/___

Date of Last Physical Examination (a physical is not required but strongly recommended): ___/___/___

Signature of Health Care Provider - MUST BE SIGNED OR STAMPED BY HEALTHCARE PROVIDER

Name: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

The above sections must be completed by either a physician or someone operating under the direction of a physician, i.e., school nurse, PA, APRN. Student or Parent may not fill out above. All forms without signature or stamp will be returned.

Student/Parent--Please complete your portions of this form even if you are attaching another immunization form.

(Continue - Please complete ALL areas)



IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

NAME: _____ DOB: _____ STUDENT ID: _____

MEDICAL HISTORY

NOTIFICATION OF SPECIAL MEDICAL CONSIDERATIONS: in an effort to be productively responsive to students needs, the University Health Services would like to be alerted to any special medical conditions or concerns that may require special attention or care.

Please attach or forward any medical records that may be needed in order to provide appropriate care to this student while they are at college. Also, since we cannot automatically assume responsibility for a student's care without their willing participation, please instruct them to contact the Student Health Services office to make an appointment when needed

Current Medical History/Condition(s): _____

Allergies/Allergens: _____

Medications Taken Regularly: (name/dosage) _____

Medical History: Check if you have ever had any of the following. Comment on all checked conditions in the space below:

- YES NO YES NO
Acne (under treatment)
Anxiety
Arthritis
Bipolar disorder
Blood disorder
Cancer
Chicken Pox
Crohn's Disease/IBS
Depression
Digestive trouble
Emotional/mental illness
Hay fever
Heart Disease
HIV/AIDS
Kidney stones
Migraine/recurrent headaches
Peptic ulcer
Pregnancy
Seizure disorder (epilepsy)
Skin disorder
Thyroid disorder
Urinary infection
Alcohol/drug use, problem or treatment
Anemia
Asthma
Bleeding trait
Breast disease
Cerebral palsy
Chronic Bronchitis/emphysema
Chronic kidney condition
Diabetes (type I or II)
Eating disorder (anorexia/bulimia)
Fracture/sprains
Hepatitis
High Cholesterol
Insomnia/sleep problems
Menstrual problems
Pelvic infection
Phlebitis
Rheumatic fever
Sexually transmitted disease
Systemic lupus
Tobacco use
Other:

If you answered yes to any of the above, please explain: _____



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Fax: (860) 768-5140

IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

NAME: _____ DOB: _____ STUDENT ID: _____

INSURANCE INFORMATION

Only for laboratory or x-ray services/referrals–Student Health Services does not utilize insurance. Students pay for medications and/or laboratory services done on site. Fees are payable at the time of service by cash, check, charge or the University Hawk Flex card.

NAME OF INSURANCE: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

POLICY HOLDER: _____

Is prior authorization required for referrals? [] Yes [] No Laboratory Services? [] Yes [] No

Please provide any other additional information you feel would be needed in case of an emergency or health related situation:

Multiple horizontal lines for providing additional information.

Emergency Contact Information:

Multiple horizontal lines for emergency contact information.

Parents: Please note that if your student is over 18, we cannot discuss any health information with you without the student's written consent. The consent must be completed at the time of the visit(s) while at the Student Health Services office. Thank you for your understanding of the confidential nature of medical information.

Please make sure all sides are filled out completely and designated forms are signed by your medical provider. All forms must be at the Student Health office two weeks PRIOR to moving onto or attending classes to comply with The State of Connecticut's Department of Public Health's mandate.

The University does not permanently store these records. Please keep a copy for your permanent records. To reduce unnecessary paper copies, please do not mail and fax–only send one completed copy. Thank you for your prompt attention

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200 Bloomfield Avenue
West Hartford, CT 06117

COLLEGE OF ARTS
AND SCIENCES

HILLYER
COLLEGE

HARTFORD
ART SCHOOL

BARNEY SCHOOL
OF BUSINESS

COLLEGE OF ENGINEERING,
TECHNOLOGY
AND ARCHITECTURE

COLLEGE OF EDUCATION,
NURSING AND HEALTH
PROFESSIONS

THE HART
SCHOOL

STATEMENT OF NONDISCRIMINATORY POLICIES

Consistent with the requirements of Title IX of the Education Amendments of 1972, as amended, the University does not discriminate on the basis of gender in the conduct or operation of its educational programs or activities (including employment therein and admission thereto). The University admits students without regard to race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It complies with Title VI of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. The University of Hartford hereby provides notice to its students, employees, applicants, and others that it supports the language and intent of Section 504 of the Rehabilitation Act of 1973 (and regulations issued pursuant thereto), which prohibits discrimination on the basis of disability in its educational programs and activities, including admission to and access to the University. The Dean of Students (Gengras Student Union, telephone (860) 768-4260) is the individual designated to coordinate efforts by the University to comply with and carry out requirements under Title IX and Section 504.

Inquiries concerning the application of Title IX, Section 504, and Title VI may be referred to the Regional Director, Office of Civil Rights, U.S. Department of Education, Boston, Massachusetts 02109.