



# Dougherty Arts Center

## Independent Study Application

Dougherty Arts Center  
1110 Barton Springs Road  
Austin, Texas 78704  
512-974-4040

**Name:**  **Phone:**  **Date:**

Complete this form if you are an advanced student interested in signing up for Independent Study. All students (new and current) must notify DAC staff of intent to apply. Students must demonstrate skilled knowledge while taking a six-week session at the Dougherty Arts Center in the same field to be considered for approval. Please read studio policies before registering:  
[www.austintexas.gov/page/dougherty-arts-school-adult-registration](http://www.austintexas.gov/page/dougherty-arts-school-adult-registration)

**Submit application to: [DACinfo@austintexas.gov](mailto:DACinfo@austintexas.gov)**

**Why is Independent Study right for you?**

**Why will one of our classes not suffice?**

**I have the ability to work independently in a studio setting because** (ie: college degree, professional studio, etc.)

**I have taken the following 4 classes in the subject area I am applying** (Dougherty or other professional studio)

	Class Name	School or Organization	Dates
CLASS #1:			
CLASS #2:			
CLASS #3:			
CLASS #4:			

**References** - All applicants must list 2 references that are familiar with your work in a studio setting.  
Instructor required: Dougherty Arts Center, college professor, instructor at former studio; not related or family friend

	Name	Title & Organization	Email
Reference #1:			
Reference #2:			



**Please read and check off each box:**

- I understand my request will be considered but is not guaranteed.
- I understand my request must be submitted 7 weeks before the Independent Study session begins and I need to be signed up for a class with an instructor to receive an evaluation approval.
- I have read and understand the evaluation criteria that I will be required to meet during my six-week evaluation class in order to be approved for Independent Study.
- I understand that the first 6 weeks of Independent Study are considered a probationary period and will be reviewed. Staff have the authority to ensure safety standards and enforce Standard Operating Procedures/Guidelines.
- I have read and agree to the studio policies, registration, cancellation, refund and transfer policies, safety policies and conduct policies.

**For office use only:**

The Program Specialist will notify applicants of approval status.

**Staff comments & Reference information**

**Date received:**

**Class student registered for:** \_\_\_\_\_ **Evaluating Instructor:** \_\_\_\_\_

\_\_\_\_\_  
**Program Specialist Signature**

- Recommended
- Not Recommended

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Program Coordinator Signature**

- Approved
- Approved with exception
- Not approved

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Center Supervisor Signature**

- Final Approval
- Not approved

**Date:** \_\_\_\_\_

Registrar notified  
**Date:** \_\_\_\_\_

Notified applicant of outcome  
**Date:** \_\_\_\_\_