



# DOUGHERTY ARTS SCHOOL

## Request for Independent Study: Adult & Senior Arts Program

Student Name \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

This form is for students that are interested in signing up for either our Independent Study Studio time but have not completed the 4 prerequisite classes at the Dougherty Arts School. Students must demonstrate competency with: college classes/degree and/or professional experience. Experienced students might be asked to complete one Dougherty class for a current reference if they have not worked in a studio setting for over 3 years. Studio policies are available before registering by request. **I am interested in the following Independent Study:**

- Ceramic
- Darkroom
- Fiber Arts

### Please answer at least one of the following:

<b>1.</b>	I have a college degree in: _____ Please list college: _____
<b>2.</b>	I have taken _____ # of classes. <i>List a minimum of 4 classes</i> 1. _____ 2. _____ 3. _____ 4. _____
<b>3.</b>	I have _____ # of years working in this professional studio:
<b>4.</b>	I have the ability to work in a studio setting independently and without supervision because:

**All applicants must list 2 references that are familiar with your work in a studio setting**  
(college professors & professionals in the field).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read and initial each line:**

\_\_\_\_\_ I understand my request must be submitted 5 business days before the class begins.

\_\_\_\_\_ I understand my request will be considered but is not guaranteed.

\_\_\_\_\_ I understand that the first 6 weeks are considered a probationary period and will be reviewed. Studio Monitor has authority to ensure safety standards and enforce SOP guideline procedures.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Your request is given to the class supervisor, who will make a determination. They will notify you **by phone about your request**. Thank you for your cooperation and your patience.

**Staff comments:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Approved**  YES  NO

Copy given to registrar.  Called applicant and notify outcome.



The City of Austin is committed to the Americans with Disabilities Act. If you require special assistance for participation in our programs please call 974-4040.