



Application

Graduate Master of Architecture Program

School of Architecture and Community Design - University of South Florida

STUDENT CONTACT INFORMATION

USF Student Number _____ Last Name _____ First _____ Middle _____

E-mail address _____ Address (Street, Number, Apt.) _____

Telephone - Cell _____ City _____ State _____ ZIP _____

Telephone – Home _____ Applicant's Signature _____ Date _____

I certify that information on this form is complete and accurate. If admitted, I agree to abide by the policies of the educational governing body, the University and the School (SACD)

STUDENT STATUS

☐ USF Undergraduate

☐ Undergraduate Transfer

Name of Institution

☐ Associate degree

Major:

☐ Architectural Studies

☐ Other _____

Name of Institution

☐ Bachelor degree

Major:

Name of Institution

STUDENT HISTORY

Have you been admitted to the University of South Florida? _____ Yes _____ No

If no, have you applied to USF? _____ Yes _____ No

Do you have design-related professional work experience _____ Yes _____ No

If yes, give dates and your job title.

From _____ To _____ Job Title _____

Name of Employer _____

Address of Employer _____

(Use separate sheet if additional work experience)

Submit with this application: copies of transcripts (unofficial), a statement of intent, a portfolio of creative work, and three (3) letters of recommendation from persons knowledgeable about your academic and professional competence.