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Application
Master of Architecture Program

School of Architecture and Community Design - University of South Florida

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

☐ Associate of Arts transfer
  Major:
     ☐   Architectural Studies
     ☐   Other _____

                    Name of Institution_____

☐   USF Undergraduate
☐   Transfer from 4-year undergraduate program
                    Name of Institution_____

☐   Other _____

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. Dates From_____ To_____Job Title_____

       Name of Employer_____

       Address of Employer_____
       (Use separate sheet if additional work experience)

Submit with this application: transcripts, a statement of intent, samples of creative work and three letters of recommendation from persons knowledgeable about your academic and professional competence.