



TEXAS TECH UNIVERSITY
College of Visual & Performing Arts

School of Art™

GRADUATE CERTIFICATE in ART HISTORY
APPLICATION for ADMISSION

Last Name _____

Social Security Number _____

First Name _____

Middle Name/Initial _____

Address _____

Contact Phone Number _____

Email Address _____

When do you wish to begin graduate studies at Texas Tech University? Fall / Spring 20_____

List all colleges/universities attended. Attach additional sheet if necessary:

Institution

City, State Country

_____ to _____
Month/Year Month/Year

Degree(s) Awarded

GPA

Institution

City, State Country

_____ to _____
Month/Year Month/Year

Degree(s) Awarded

GPA

Institution

City, State Country

_____ to _____
Month/Year Month/Year

Degree(s) Awarded

GPA

List previous coursework in Art History. Attach additional sheet if necessary: _____

Legal Signature

Date

Mail or Deliver to:
Graduate Certificate in Art History
School of Art, Texas Tech University
Room 101, Art Building
Box 42081
Lubbock, TX 79409-2081