



# Application Form

## Applicant Details

First	Last		
Institution/Affiliation		Department	
Profession			
Address		City	Country
Phone	Email	Website	

## Project Description

*(Please write a detailed description of the proposed project. Attach files if needed)*


## Artwork Details

*(Please specify by ticking the applicable mediums. If size, No. and format vary, please attach details)*

<input type="checkbox"/> Photography	<input type="checkbox"/> Painting	<input type="checkbox"/> Sculpture	<input type="checkbox"/> Installation	<input type="checkbox"/> Video	<input type="checkbox"/> Other _____ Specify
Size of Works	No. of Pieces	Format			

## For Internal Use Only

*(Please do not write in this area)*

<input type="checkbox"/> Approved	<input type="checkbox"/> Further Information Required	<input type="checkbox"/> Rejected
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**SUBMIT TO: GALLERY@SCD.EDU.OM**

*Processing an application can take up to 30 days. Please apply well in advance*