

**Museum Studies at Florida State University
Application for Admission**

Personal Information

Social Security Number: _____

Name (*First, Middle, Last*): _____

Local Address: _____

City/State/Zip: _____

Permanent Address: _____

Local Phone: _____ Work Phone: _____

Email: _____ Fax: _____

Academic Department: _____

Degree Seeking: _____

Academic Advisor: _____

Academic Advisor's Campus address: _____

Phone: _____ E-mail: _____

Museum Studies Advisor: _____

Museum Studies Advisor's Campus address: _____

Phone: _____ E-mail: _____

Academic History

List colleges and universities attended, dates, and degrees attained:

Graduate Record Exam (GRE):

Date Taken _____ Verbal Score _____ Quantitative Score _____

List museum studies and related courses that you have completed:

Course Name

Dates Attended

Instructor

Have you ever been employed by a museum or similar institution? If so,
where? _____

Have you been an intern or a volunteer at a museum or similar institution? If so,
where? _____

Employment History

List current and three previous employers.

Employer name	Address	Phone	Position Held	Dates
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List three references who will write letters of recommendation:

1. _____
2. _____
3. _____

This information supplied on this form is correct to the best of my knowledge.

Applicant signature

Date