

STUDENT EXHIBITION **ART** **GRA** Please clearly print your responses.

Name : **Student ID:**
Email: **Phone :**
Course Number: **Course Title:**
Instructor: **Campus:**
Semester Completed: Summer 20___ Fall 20___ Spring 20___

Media/Process: (Please check)
___Graphite ___Charcoal ___Pastel ___Acrylic ___Gouache/Watercolor
___Mixed Media ___Digital Print ___Other:

All items on this form above must be completed before your work will be accepted.

Judge's Mark **Tape securely to the back, lower left corner of your artwork**

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