



Application to be Examined For a Doctor of Fine Arts Degree (DocFA)

DOC 9

Graduate Centre
Building 119, East Wing, ClockTower
Phone: 373 7599 ext. 86899
Fax: 373 7610
postgraduate@auckland.ac.nz

Name:

Student ID#

Address:

.....

Phone number:

1. Title of Creative Work:

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2. Brief Description of the work and the medium:

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3. Where will the Exhibition/Performance take place?

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4. Start Date of Exhibition/Performance:

5. End Date of Exhibition performance:

6. I intend to submit the written component to the Graduate Centre on (date):

Signature of Candidate

Date

Signature of Supervisor

Date

APPROVED BY THE HEAD OF SCHOOL:

Signature

Date