

Gallery Exhibition Application

Applicant Contact Information *(For group exhibits, please list all exhibitors.)*

First Name (Primary Contact)	Last Name (Primary Contact)	Phone # (Primary Contact)	Email (Primary Contact)
Additional Applicants			

Demographic Information *(This information is used for assessment purposes only.)*

Academic Year *[students only]:*

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student

Current School *[students only]:*

- MU
- Columbia College
- Stephen's College
- Other: _____

Non-Students:

- MU Faculty
- MU Staff
- MU Alumni
- Not Affiliated with MU

Previous Gallery Experience

1. Have you ever had an exhibit in the Craft Studio Gallery? Yes No
2. Have you had an exhibit on the MU campus within the past year? Yes No
 If yes, when? _____ Where? _____
3. Have you had an exhibit in Columbia within the past year? Yes No
 If yes, when? _____ Where? _____

Exhibit Details

Exhibit Title	Medium	Artwork Information (check all that apply):	
Approx. Size of Pieces	Approx. Number of Pieces	<input type="checkbox"/> 2-D	<input type="checkbox"/> Framed
		<input type="checkbox"/> 3-D	<input type="checkbox"/> Unframed
		<input type="checkbox"/> Performance	<input type="checkbox"/> Installation

Date Preference

We will try to accommodate date preference, however we cannot guarantee specific dates.

Approximately, when would you prefer to have your exhibit (include year)? _____

Is this exhibit part of an educational requirement? Yes No

Additional comments/information: (attach separate sheet if necessary):