

## Application for Admission to Hollins University Certificate in Children's Book Illustration

This application is for: summer 20		
Name:		
(Last)	(First)	(Middle/Former)
Preferred Name	Social Security Number (optional)	
Home Address		
(City)	(State)	(Zip Code)
Mailing Address		
(if different from home address)		
Telephone:	E-mail:	
Employer:	Cell Phone:	
State of legal residence:	If Virginia, [ ] city or [ ] county of residen	nce:
Has a change in your residence been ma	ade in the last 12 months? [ ] yes [ ] no	
Birth date:	Country of Citizenship:	
Is English your first language? [ ] yes	[ ] no If not, what is?	
If you are not a U.S. citizen, are you a [	[ ] Legal Permanent Resident of the U.S.?	
[ ] U.S. Visa Holder (Type	) [ ] Other	
Do you have dual citizenship? [ ] yes	[ ] no If so, where?	
	st the University in complying with federal and state repo a decision. Please indicate gender and the ethnic group wi	
[ ] Male [ ] Female Are	e you Hispanic or Latino? [ ] yes [ ] no	
If you are not Hispanic or Latino, please	e indicate with which racial group or groups you	ı identify.
[ ] American Indian or Alaskan Native	e [ ] Asian [ ] Black or Africa	an American
[ ] Native Hawaiian or Other Pacific Is	slander [ ] White	

Institution(s) from which you have received <i>undergraduate</i> credits:  Name of institution, period of attendance, and degree or number of credits:
Institution(s) from which you have received <i>graduate</i> credit:  Name of institution, period of attendance, and degree or number of credits:
I have requested that an official transcript of all college level courses be sent to the Graduate Center at Hollins University, Box 9603, 7916 Williamson Rd, Roanoke, VA 24020. [ ] Yes [ ] No (Electronic certified copies are acceptable and may be sent to hugrad@hollins.edu.)  If no, explain:
List the names, titles, and addresses of two persons whom you have asked to write letters of recommendation. These should be from instructors or others who are familiar with your academic qualifications and/or who can attest to your ability to be successful in the program to which you are applying. Recommendations should be mailed to the Graduate Center at Hollins University, Box 9603, 7916 Williamson Rd, Roanoke, VA 24020 or emailed by the recommender on his/her letterhead to hugrad@hollins.edu.
Employment, including part-time and summer, in which you have engaged during the past four years.
On a separate sheet, include a statement of educational objectives. This can include an autobiographical letter describing your educational and professional background and your reasons for wanting to participate in this program. Include any additional information you think will aid the committee in reaching a decision.  [ ] I wish to apply for financial assistance.
Are you or any of your relatives currently employed by Hollins University? [ ] yes [ ] no
If so, please list name(s), department(s) and relationship:
I certify that the information submitted in support of my application is complete and accurate. I understand that inaccurate information may affect my admission and may be grounds for dismissal. I understand that information provided on this application may be sent to the Virginia State Police and other state or federal agencies for reporting purposes.
Signature Date
Hollins University does not discriminate in admission because of race, color religion age, disability, sexual orientation, veteran status, national or ethnic origin, or genetic information, and maintains a non-discriminatory policy throughout its operation. For more information, contact the director of equity, community, and Title IX coordinator at (540) 362-6588 or johnsontd@hollins.edu
How did you first hear about this program?   advertisement   news article   brochure   friend   Facebook   Hollins website   professor/mentor   current student   alumna/alumnus   other internet source   source of advertisement or article:

\$40 processing fee is due upon submission of this application.

## **Applicant Instructions**

Thank you for your interest in the certificate in children's book illustration at Hollins University. To ensure timely processing of your application, read and follow the instructions below.

- 1. Indicate on the application the summer term for which you are applying.
- 2. Complete all items on the application form. Type or print legibly.
- 3. A nonrefundable processing fee of \$40, made payable to Hollins University, must accompany this application.
- 4. Request that your undergraduate and any graduate transcripts be sent to:

Hollins University Graduate Center Box 9603, 7916 Williamson Rd, Roanoke, VA 24020

Certified Electronic Copies can be sent to hugrad@hollins.edu.

5. Request that your two letters of recommendation be mailed to:

Hollins University Graduate Center Box 9603, 7916 Williamson Rd, Roanoke, VA 24020

Or have them e-mailed directly to our office at hugrad@hollins.edu.

- 6. Submit a portfolio demonstrating your ability to pursue a graduate certificate in children's book illustration. The portfolio should be submitted digitally and include 6 10 pieces for review. Jpgs around 600 X 1000 pixels would be ideal. The portfolio should be submitted online to hugrad@hollins.edu.
- 7. Foreign students only: If your native language is not English, TOEFL test scores are required. Certification of your ability to fund your tuition and other expenses associated with this program is required as well.

The deadline for receipt of all materials is April 15, although circumstances will occasionally allow the admission of a qualified student after the deadline.

Questions regarding this program or application to this program should be addressed to:

Graduate Program in Children's Literature Hollins University Box 9603, 7916 Williamson Rd. Roanoke, VA 24020

Phone: (540) 362-6575 Fax: (540) 362-6288 E-mail: hugrad@hollins.edu

www.hollins.edu/academics/all-certificate-programs/certificate-in-childrens-book-illustration/