

HOUSTON BAPTIST UNIVERSITY DEGREE PROGRAM PLAN
MASTER OF FINE ARTS (MFA)
STUDIO ART

NAME: _____ H# _____
 Last First Middle

LOCAL ADDRESS: _____
 Street City/State Zip Code

DAY PHONE: _____ CELL PHONE: _____ EVENING PHONE: _____

EMAIL ADDRESS: _____

CATALOG YEAR: _____

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