SUBMISSION GUIDELINES:
Submit application and support materials electronically to: daep@temple.edu. The materials should be all submitted together. DEADLINE: EVERY OCT 21 and MARCH 21.

1. PERSONAL INFORMATION
NAME:
EMAIL:
DEPARTMENT:
DEGREE PROGRAM (PhD, MFA, etc.):
YOUR LEVEL IN THIS PROGRAM (e.g. first year, ABD, etc.):
EXPECTED DATE OF GRADUATION:

2. ON CAMPUS ADVISOR/REFERENCE
ADVISOR/DIRECTOR’S NAME:
EMAIL:
Please include a scanned copy of your graduate director or advisor’s approval form with signature (see below).

3. WHY DO YOU WANT TO PURSUE THE CERTIFICATE? (200 words or less):

4. EXAMPLE(S) OF YOUR WORK
Please attach or send one writing sample (no more than 20 pages) and/or visual/art samples (no more than 5 mins. of video via VIMEO, 10 jpg images or similar demonstration).
Dear Professor,

Your advisee, _________________________________, is applying for the graduate certificate in Documentary Arts and Ethnographic Practice (DAEP), a 13-credit interdisciplinary program that involves faculty and courses in the Center of the Arts, the College of Liberal Arts and the School of Media and Communication.

This program is open to students in M.F.A. and Ph.D. programs school wide, and it is ideally suited for students who planning to incorporate visual studies, ethnographic methods and documentary practices in their artistic and scholarly projects.

The certificate program requires students to complete 13-credits from a list of approved courses offered across the University.

Please direct questions and concerns to Roderick Coover (rcoover@temple.edu), or Naomi Schiller (naomi.schiller@temple.edu) or visit DAEP’s website: http://smc.temple.edu/fma/graduate-daep-certificate/.

Your signature below will indicate that your student is in good academic standing and that you recommend him or her to the DAEP program.

Directors/ Advisor's Name: ___________________________________________
Department: _________________________________________________________
Signature: ___________________________________________________________
Date: _______________________________________________________________