

COMMON APPLICATION

FOR

EDWARD A. DICKSON HISTORY OF ART FELLOWSHIP

&

DEPARTMENT OF ART HISTORY TEACHING ASSISTANTSHIP

APPLICATION DEADLINE: DECEMBER 11, 2015
(LATE APPLICATIONS WILL NOT BE ACCEPTED)

Please submit the following:

1. Dickson Fellowship/Departmental TA application
2. Statement of current and projected work (not to exceed three pages, double spaced)
3. *Curriculum vitae*
4. UCLA transcript (unofficial copies can be obtained from the Registrar at no charge)
5. Two letters of recommendation **due January 4**

Note: all components of the application, i.e. application form, statement of current and projected work, CV and transcripts must be saved as a single PDF and emailed by the deadline. Word documents and multiple attachments will not be accepted.

Submit complete applications to:

Erika Santoyo
Department of Art History
esantoyo@humnet.ucla.edu

INSTRUCTIONS

STATEMENT OF CURRENT AND PROJECTED WORK

Writing a summary of your work allows you to reflect on your progress and also trains you to write statements for external grants. Thus, this statement is not only for the benefit of the Financial Aid Committee, but is also a critical part of your professional development. The readers of your statement want to see that you are working professionally, that you have a clear sense of what you want to accomplish, and that you are taking realistic steps to achieve your goals. Your statement should describe your current and projected work, stress and assess your progress over the past year, and outline the work that you expect to accomplish while receiving financial support in the next year. In presenting your work, try to emphasize its general direction and immediate goal, normally the M.A. thesis or the Ph.D. dissertation. If you are in the first year of graduate work and have not yet identified an M.A. thesis topic, please try to identify areas of potential research. If you have not yet written a Ph.D. proposal, try to project where your work is going. Do not simply re-submit old proposals, but use this application as an opportunity to reflect on the past and plan for the future.

Your statement *must not exceed 3 double spaced pages of 12 point font*. Material submitted beyond the page limit will not be considered. Keep in mind that several members of the committee are not art historians, while those who are may not be familiar with your area. It is important, therefore, to give a full and accurate summation and overview of your work. If you are applying for a Dickson Fellowship and plan to use part or all of it to support research travel, make sure your statement of current and projected work details and justifies your proposed research travel plans.

RECOMMENDATION LETTERS

Two letters of recommendation, due January 4, are required. A completed and signed "Request for Letter of Recommendation" form must to be given to each recommendor, together with a copy of your application (including cover sheet and statement of current and projected work). You may want to include addressed and stamped envelopes for your recommenders' use.

Requests to faculty members for letters of recommendation must be made **at least 3 weeks** prior to the department's recommendation deadline, i.e., by December 11th. Students should not leave their request with any faculty member who cannot guarantee that s/he will meet the January 4 deadline. Applicants should make sure that any recommenders who are on leave from the University are willing to write a letter by January 4. If in doubt, an alternate recommender should be found.

SUBMISSION OF FINAL APPLICATION

Check your application carefully. Once you have submitted your application you will not be permitted to change or substitute any part of it.

COMMON APPLICATION

**EDWARD A. DICKSON HISTORY OF ART FELLOWSHIP &
DEPARTMENT OF ART HISTORY TEACHING ASSISTANTSHIP**

NAME _____ STUDENT ID _____

APPLYING FOR (CHECK ALL CATEGORIES FOR WHICH YOU WANT TO BE CONSIDERED):

- _____ **DICKSON HISTORY OF ART FELLOWSHIP**
_____ **DEPARTMENTAL OF ART HISTORY TEACHING ASSISTANTSHIP**
_____ **NON-RESIDENT TUITION/REG FEES ONLY**
_____ **DICKSON HISTORY OF ART HONORARY FELLOWSHIP (\$200)**

LETTERS OF RECOMMENDATION REQUESTED FROM:

UCLA M.A. DEGREE INFORMATION:

YEAR ENTERED M.A. PROGRAM: _____ TOTAL QUARTERS IN PROGRAM: _____

LANGUAGE AND DATES OF PASSED EXAMS: _____

MAJOR AREA OF STUDY: _____

PRIMARY ADVISOR: _____

THESIS TOPIC/TITLE: _____

ACTUAL OR ANTICIPATED FILING DATE: _____

PH.D. INFORMATION:

QUARTER & YEAR ENTERED PH.D. PROGRAM: _____

TOTAL QUARTERS IN PHD. PROGRAM: _____

LANGUAGES PASSED INCLUDING DATE: _____

MAJOR FIELD: _____ MINOR FIELD: _____

ADVISOR/PH.D. CHAIR: _____ COMMITTEE MEMBERS: _____

DATE WRITTEN EXAMS PASSED OR SCHEDULED: _____

DATE ORAL QUALIFYING EXAM PASSED OR SCHEDULED: _____

DATE OFFICIALLY ADVANCED TO CANDIDACY: _____

DISSERTATION TOPIC/TITLE: _____

TOTAL QUARTERS IN RESIDENCE AT UCLA (INCLUDING M.A.): _____

FUNDING HISTORY (LIST ALL FELLOWSHIPS, TASHIPS, AND AMOUNTS):

YEAR 1: _____

YEAR 2: _____

YEAR 3: _____

YEAR 4: _____

YEAR 5: _____

YEAR 6: _____

YEAR 7: _____

LIST ALL ADDITIONAL FUNDING FOR WHICH YOU ARE APPLYING THIS YEAR:

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I declare that the information provided on this application is true and complete to the best of my knowledge.

Signature _____

Date _____

LETTER OF RECOMMENDATION COVER PAGE

Students, please read this form carefully. Please note that **you** need to fill in **all** the blanks before giving this form to a recommender. Inform the faculty member below where to return the original letter of recommendation. Some extramural fellowships require that letters be sent directly to their offices, in which case, an additional copy of the letter will be required for the Financial Aid Committee. After completing this form, both you and the recommender should each **keep a copy** for your records.

STUDENT NAME: _____ **I.D. NUMBER:** _____

PURPOSE: _____ **DATE REQUESTED:** _____
(e.g., Dedalus Fellowship Application 2000-01)

DEADLINE: _____

PLACE(S) TO LEAVE/SEND LETTER (AND COPY IF NECESSARY): _____

STUDENT: In accordance with UCLA Policy 220 regarding disclosure of information from student records please check one of the following options:

_____ I agree to waive access to letter from (Recommender's Name): _____

_____ I do not agree to waive my right of access to letter from (Recommender's Name): _____

Student Signature: _____

=====

FACULTY MEMBER:

The student named above has requested a letter of recommendation from you. Please return the letter **and** this cover sheet by the above due date to 100 Dodd Hall. Please include a copy if the original is to go out of the dept. and keep a copy for your records. Thank you.

