

Frank Lloyd Wright School of Architecture

Congratulations on taking the next step in your academic journey.

The below checklist will assist in the completion of your admissions package.

- Signed application
- \$50.00 application fee
- Statement of purpose not to exceed 1,000 words
- Current Resume/CV
- Transcripts from all undergraduate universities
- Transcripts from foreign institutions must be translated into English
- Portfolio
- Letters of reference with cover sheet
- TOEFL or other tests (international students only)

Electronic format is encouraged for all documents, including the portfolio.

If you have any questions regarding your application packet, feel free to contact the Office of Admissions at (480)627-5345 or by email at admissions@taliesin.edu

Best wishes!

Office of Admissions

APPLICATION FOR ADMISSION

1 _____
APPLICANT NAME (LAST, FIRST, MIDDLE)

2 _____
APPLICANT CURRENT ADDRESS (STREET, CITY, STATE, ZIP, COUNTRY, POSTAL CODE)

3 _____ 4 _____
SOCIAL SECURITY NUMBER DATE OF BIRTH

5 _____ 6 _____
APPLICANT EMAIL ADDRESS TELEPHONE NUMBER

7 _____
COUNTRY OF CITIZENSHIP AND CURRENT IMMIGRATION STATUS

8 _____
MOTHER'S NAME, OCCUPATION, ADDRESS

9 _____
FATHER'S NAME, OCCUPATION, ADDRESS

10 _____
PARTNER'S/SPOUSE'S NAME, OCCUPATION, ADDRESS (IF APPLICABLE FOR HOUSING)

11 _____
HIGHSCHOOL ATTENDED AND LOCATION

12 _____
COLLEGE ATTENDED – ATTENDANCE DATES

13 _____
COLLEGE ATTENDED – ATTENDANCE DATES

14 _____
DEGREE GRANTED - DATE

15 _____
MOST RECENT EMPLOYER - DATES

16 _____
SUPERVISOR NAME - PHONE

APPLICATION FOR ADMISSION

REFERENCES

INCLUDE LETTERS OF REFERENCE FROM THE INDIVIDUALS LISTED BELOW

17 _____
REFERENCE 1 NAME AND ADDRESS

18 _____
REFERENCE 1 RELATIONSHIP TO STUDENT

19 _____
REFERENCE 2 NAME AND ADDRESS

20 _____
REFERENCE 2 RELATIONSHIP TO STUDENT

21 _____
REFERENCE 3 NAME AND ADDRESS

22 _____
REFERENCE 3 RELATIONSHIP TO STUDENT

INTERESTS

ACTIVITIES AND INTERESTS, AWARDS/HONORS, ARTISTIC/MUSICAL ABILITIES, ETC.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE PROGRAM PROCEDURES AND GUIDELINES AS EXPRESSED IN SCHOOL PUBLICATIONS.

APPLICANT SIGNATURE _____
DATE

LETTER OF RECOMMENDATION FOR ADMISSION TO M.ARCH PROGRAM

Name _____ Date _____

Email _____ Phone _____

Letter of recommendation for _____

Please consider responding to the following questions when referencing your experience with the applicant.

1. How has the applicant displayed exceptional intellectual and creative abilities? This response includes, but is not limited to analysis and logic skills, comprehension of complex and abstract matters, creative problem solving, and independent thinking.
2. How has the applicant demonstrated necessary knowledge to pursue advanced studies in the field of architecture and design? Has he or she shown initiative to engage with colleagues in the field? Has he or she explored or developed individual insight within the field?
3. Please speak to the applicant's communication skills. Does he or she communicate clearly, effectively, and in an organized manner in writing as well as verbally? Is the applicant able to engage in discourse and be receptive to other viewpoints?
4. The Frank Lloyd Wright School of Architecture is an immersive experience that involves living, working, and learning within a community of students, artists, professors, and a wide range of professionals. Please address the applicant's ability to engage in this type of diverse community.
5. How has the applicant demonstrated the personal motivation and maturity to undertake an immersive and challenging course of study over the next few years? Have you seen the applicant challenge him or herself, and if so, what was the result? Has the applicant demonstrated the ability to self-reflect and consider the perspectives of others and larger contexts?

The person providing the reference should submit the letter with this cover sheet, via email to the Office of Admissions: admissions@taliesin.edu

CREDIT CARD AUTHORIZATION FORM

Name on card: _____

Type of card: Visa MC AmEx Discover Other

Account number: _____

Expiration date: _____ Security code: _____

Billing address: _____

City, State, Zip: _____

Phone number: _____

Amount to be charged: \$50 application fee

By signing this form, you authorize the FRANK LLOYD WRIGHT FOUNDATION to charge this credit card for the amount listed above.

Signed: _____ Date: _____

Taliesin West
12621 North Frank Lloyd Wright Blvd.
Scottsdale, AZ 85259-2537

T 480 860 2700
F 480 391 4014

Taliesin
5481 County Road C
Spring Green, WI 53588

T 608 588 2511
F 608 588 3902