

# Application to be Examined For a Doctor of Fine Arts Degree (DocFA)

**DOC 9**

School of Graduate Studies  
AskAuckland Central  
Alfred Nathan House  
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Name: .....

Student ID# .....

Address: .....

.....

Phone number: .....

1. Title of Creative Work: .....

.....

2. Brief Description of the work and the medium: .....

.....

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3. Where will the Exhibition/Performance take place? .....

.....

4. Start Date of Exhibition/Performance: .....

5. End Date of Exhibition performance: .....

6. I intend to submit the written component to the Graduate Centre on (date): .....

Signature of Candidate

Date

**APPROVED BY THE HEAD OF SCHOOL:**

Signature

Date