

Saginaw Valley State University
University Art Gallery

Submission Form to Exhibit in the University Art Gallery

PLEASE PRINT

Name: _____

Address: _____

(Street)

(City)

(Zip)

Phone: () _____

Email: _____

With this completed Exhibit Submission Form you will need to also send slides, high quality photos and/or a DVD of work for review, as well as a written exhibition proposal, names and examples of work from all artists included in the proposal, and also a SASE for return of materials. Mail to David Littell, Director, University Art Gallery, 7400 Bay Road, University Center, MI 48710, or for further information contact David Littell at SVSU (989) 964-4159 or dlittel@svsu.edu.

Signature of Artist

Date _____

If submitted proposal is chosen for an exhibit in the University Art Gallery, by signing this form, I authorize the University and its agent to photograph my work for publication and publicity purposes.