

SUMMER MANUSCRIPT COVER SHEET

Please complete and return with your manuscript.

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

EMAIL: _____

DATE OF BIRTH: _____

PHONE: _____

Which program? _____ **POETRY** _____ **FICTION**

If reapplication, check here: _____

For which semester did you last apply? _____

Have you taken creative writing courses in the past? _____

If so, please indicate full name(s) of college instructor(s) and institution(s):

This application is for: _____ **3-week session**

_____ **8-week session**

DANIELLE EVANS _____

JAMES MCPHERSON _____

The University of Iowa requests this information for the purpose of making admission and/or financial aid decisions. No persons outside the University are routinely provided with this information, except for items of directory information such as name and local address. Responses to items marked "optional" are optional: responses to all other items are required. If you fail to provide the required information, the University may not consider your application.