



Summer Session
Application Coversheet
GRADUATE STUDIES IN CREATIVE WRITING

Please complete and mail this form, with your manuscript, to:

Iowa Writers' Workshop
Attn: Summer Session
102 Dey House
University of Iowa
507 North Clinton Street
Iowa City, IA 52242-1000

First Name: Last Name: Middle Name/Initial (optional):

Street Address:

City: State: Zip Code: Country:

E-mail Address: Phone Number: Country of Citizenship: U.S.A. Other (please specify):

Which program? This application is for: 3-Week fiction, check ONLY one instructor: Zhang D'Ambrosio

Have you taken creative writing courses in the past?

If yes, please indicate the full names of the instructors and institutions:

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.

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