

Referrals

Please acknowledge any of your relatives or friends who you think would enjoy getting information about our programs.

Name	Address	Phone	Relationship to Applicant

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Criminal and Disciplinary Disclosure

You must respond to each question. A blank response will not be accepted. Based on the information disclosed by you, the school may decide to accept or reject your application. The school may also accept your application with certain conditions attached such as a prohibition from living in student housing or acceptance on a probationary status to name a few. In addition to any evaluation that may result from disclosure, students must meet all other requirements for admissions.

1. Have you ever been convicted of or pled guilty to a crime other than a summary traffic offense? Yes No
Do not leave this answer blank. If yes, describe in full.

2. Please provide information regarding any disciplinary matters you were involved in at any Art Institute or other post-secondary schools you have attended. Write "none" if there were no disciplinary matters at any Art Institute or other post-secondary schools attended.

All Applicants

I hereby certify that all information stated on this application is complete and accurate, and I understand that falsification or omission of information of previous schooling and credentials may result in disqualification or dismissal.

Signature: _____ Date: _____

Thank you for submitting your application to The New England Institute of Art

Office of Admissions
The New England Institute of Art
10 Brookline Place West
Brookline, MA 02445
Tel: 1.800.903.4425
Email: neiaadm@aii.edu

Fax: 1.617.582.0974

12-08



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DO NOT WRITE IN THIS AREA

Rec'd _____ ADA _____

Amount _____
Mo. Ck. Ca. Ch.

ID # _____

Application for Admission (Application Fee \$50)

Date: _____

Name: _____
Last First Middle Initial Preferred First Name

Home Address: _____
Street City State Zip

Mailing Address: _____
(if different) Street City State Zip

Telephone: _____
Home Work Cell Phone

E-mail: _____

Social Security Number: _____

If any of your records are under a name other than the one given above (for example, your maiden name), please list the name(s) below.

Last First Middle Last First Middle

Program

Start Date: Fall 2009 Fall II 2009 Winter 2010 Winter II 2010
 Summer 2010 Summer II 2010 Fall 2010 Fall II 2010

Bachelor of Science: Advertising (BS) Audio & Media Technology (BS)
 Digital Filmmaking & Video Production (BS) Fashion & Retail Management (BS)
 Graphic Design (BS) Web Design & Interactive Media (BS)
 Graphic Design Night/Weekend Option (BS) Interior Design (BS)
 Media Arts & Animation (BS) Photography (BS)

Associate in Science: Audio Production (AS) Broadcasting (AS)
 Photography (AS)

Personal

In case of emergency contact:

Person: _____
Name Relationship to Applicant

Address: _____
Street City State Zip

Telephone: _____
Home Work

E-mail: _____

