

# The Illinois Institute of Art®-Chicago

Please submit this form to your guidance or school records office immediately. The Illinois Institute of Art–Chicago will not be able to make a decision regarding your admissions until we have received your transcript. Proof of graduation is a prerequisite for final admission to all Art Institutes programs and must be provided prior to beginning classes. Failure to provide a copy of your transcript may result in the cancellation of your application. In addition, to providing your high school transcript you must also submit a copy of your ACT or SAT scores and immunization records.

## **High School Seniors**

Prior to your expected date of graduation, please submit a partial transcript so that a conditional admissions decision can be made. Upon graduation, you will be required to submit a final transcript so that you can be considered for full acceptance to The Illinois Institute of Art–Chicago.

## **High School Graduates**

You must contact your high school to ask them to mail or fax a copy of your official high school transcript. There may be a fee for this transcript.

## **General Education Diploma(GED) or High School Equivalency Exam Recipients**

If you have satisfactorily completed a state General Education Diploma or High School Equivalency Exam, please submit a copy of your diploma as well as an official transcript of your test scores.

## **ACT/SAT scores**

If your high school does not have your ACT/SAT scores, than call 319-337-1000 to have your scores sent to us.

**ACT/SAT School Code: 6863**

## **Immunization Record**

State law requires all post-secondary education institutions to complete a report of all students that are in compliance with College Student Immunization Act. The Illinois Department of Public Health received a listing of all students that are and are not in compliance with the act. It is therefore essential that all students submit appropriate evidence of immunity to The Illinois Institute of Art–Chicago. Proof of immunity must be completed and returned prior to the student’s first enrollment.

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Today’s Date: \_\_\_\_\_ I authorize you to release my high school transcript, ACT/SAT and immunization to:

The Illinois Institute of Art–Chicago

Attention: Admissions

**Mart Center**

350 North Orleans, Suite 136L

Chicago, IL 60654

Telephone: 1-800-351-3450

Fax: 1-312-280-8562

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

Name of High School: \_\_\_\_\_

**High School Senior Signature:** \_\_\_\_\_

(I confirm that I am schedule to graduate from high school)

High School Graduate Signature: \_\_\_\_\_

( I confirm that I have graduated from high school)

**All transcripts must have the date of graduation, as well as school seal or school’ official’s signature, to be considered Final/Official**