

21. Signature of Student

All information provided is true and complete to the best of my knowledge. I understand that admission to The Illinois Institute of Art–Chicago is contingent upon submission of my final official high school transcript (or my official G.E.D. test results), all post-secondary transcripts, satisfaction of all admission criteria, my acceptance by The Illinois Institute of Art–Chicago, my signing of The Illinois Institute of Art–Chicago Enrollment Agreement and acceptance of the Enrollment Agreement. I authorize The Illinois Institute of Art–Chicago to request and receive a copy of my high school and/or college transcripts, including G.E.D. certificate.

My signature below also certifies that I have independently conceived the 150 or 300 word essay required by The Illinois Institute of Art–Chicago.

Student Name (please print) _____ Today's Date _____

Student Signature _____

The Illinois Institute of Art–Chicago does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, sex, age, sexual orientation, genetic marker, disability or any other characteristic protected by state, local or federal law in the administration of any of its educational programs or activities or with respect to admission or employment.



Admissions Application



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Toll Free 800.351.3450

www.artinstitutes.edu/chicago

2009-ADM-Application; Updated 6/30/09

For Admissions Office Use Only:

Date Received _____

High School Code _____

College Code _____

ADA# _____

Date Visited _____

Source Code _____

Student ID# _____

OL/OG/PLUS _____

Amount Paid _____

Name _____
(Last Name) (First Name) (Middle)

Please complete this form in detail after reading it carefully. (Please print)

If additional space is needed, attach an extra sheet(s) of paper to the application.

1. **Name** _____
(Last Name) (First Name) (Middle)

2. **Social Security Number** _____

3. **Current Address** _____
(Street or P.O. Box)

(City) (State/Province)

(Zip/Postal Code) (Country) (Email address)

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

(Last Name) (First Name) (Middle)

(Last Name) (First Name) (Middle)

(Last Name) (First Name) (Middle)

5. **Permanent Address, if different** _____
(Street or P.O. Box)

(City) (State/Province)

(Zip/Postal Code) (Country) (Email address)

How long do you expect to be living at this address? _____

6. **Home Phone** (_____) _____ **Business Phone** (_____) _____

Fax (_____) _____ **Cell Phone** (_____) _____

7. **Father** _____
(Last Name) (First Name) (Middle)

Father's Address _____

Father's Email Address _____

Mother _____
(Last Name) (First Name) (Middle)

Mother's Address _____

Mother's Email Address _____

8. **Spouse** (if married) _____
(Last Name) (First Name) (Middle)

9. **Emergency Contact** _____
(Last Name) (First Name) (Middle)

10. **Will you need student nonimmigrant alien visa status to attend ILIC?** Yes No

What is your present knowledge of English? (please check one)

Beginning Intermediate Advanced English is my first language

What is your most recent TOEFL score? _____

Other level of English proficiency? _____

Your Program Choice

Check the Degree program for which you are applying:

Bachelor of Fine Arts (12 quarters)

- Digital Filmmaking & Video Production
- Digital Photography
- Fashion Design
- Game Art & Design
- Interior Design
- Media Arts & Animation
- Visual Communications
- Web Design & Interactive Media

Bachelor of Arts (12 quarters)

- Advertising
- Fashion Marketing & Management

Bachelor of Applied Science (12 quarters)

- Culinary Management

Bachelor of Science (12 quarters)

- Audio Production
- Hospitality Management

Associate of Applied Science (6 quarters)

- Culinary Arts
- Fashion Merchandising
- Graphic Design
- Hospitality Management
- Web Design & Interactive Media

Certificates

- Professional Baking & Pastry (4 quarters)
- Image Manipulation (1 quarter)

Evening and Weekend Option

The Evening and Weekend option at The Illinois Institute of Art—Chicago allows students to earn their degree in Graphic Design, Interior Design, Web Design & Interactive Media, Culinary Management, and Culinary Arts in an evening and weekend, online and on-ground format.

These delivery options are designed to allow working adults the opportunity to complete their education in either two or three years for an associates degree and three or four years for a bachelors degree, depending on the structure they choose. Students may take up to four classes each quarter. Courses are offered on campus along with online class options each quarter.

Students attend courses on campus one or two evenings a week and on Saturday, depending on schedule, online options and class availability. The optional online courses will be offered across the quarter, one class in the first 5 ½ weeks of the quarter and one class in the last 5 ½ weeks of the quarter. At the time of registration, students will be advised of the classes that will be offered online in their program. The same is true of the classes that the student will take on campus. Students will have the option of taking any online courses on campus, if offered. Students will be able to take a minimum of two on-campus courses each quarter.

- Yes, I'm interested No, I'm not interested

Date you wish to start

- Spring I April
- Spring II (Mid-Term) May
- Summer I July
- Summer II (Mid-Term) August
- Fall I October
- Fall II (Mid-Term) November
- Winter I January
- Winter II (Mid-Term) February

11. Educational Background

College entrance test scores (SAT, ACT, ASSET, other) _____ Date of Secondary School Graduation or GED completion _____

Name of Secondary School _____

Address of Secondary School _____
(Street or P.O. Box)

(City) (State/Province) (Zip/Postal Code)

Name of Secondary School Counselor _____ Cumulative Grade Point Average _____

12. **Please list any Art Institutes or other post-secondary schools attended and reasons why you stopped attending (if you did not graduate). Write "none" if you did not attend any other post-secondary or Art Institute schools.**

Institution	City / State	Dates Attended	Major	Reason for Leaving	Number of Credits Earned	Degree or Certificate Earned

APPLICANT IS RESPONSIBLE FOR PROVIDING THE ILLINOIS INSTITUTE OF ART—CHICAGO WITH ALL COPIES OF OFFICIAL HIGH SCHOOL, COLLEGE TRANSCRIPT(S), AND/OR GED SCORES. IF APPLYING WITH TRANSFER CREDITS, COPIES OF COLLEGE BULLETINS WITH FULL COURSE DESCRIPTIONS ARE REQUIRED. IF THE APPLICANT IS REQUESTING EARLY ACCEPTANCE BEFORE COMPLETION OF HIGH SCHOOL, THE APPLICANT IS RESPONSIBLE FOR PROVIDING TO THE ILLINOIS INSTITUTE OF ART—CHICAGO, COPIES OF PARTIAL TRANSCRIPTS, AS WELL AS FINAL TRANSCRIPTS FROM HIGH SCHOOL UPON GRADUATION.

13. **Employment Record:** Describe your employment history (including part-time jobs) starting with your current or most recent employer.

Dates From / To	Name, Address of Employer	Position	Salary	Reason for Leaving	Supervisor

14. Do you desire assistance in seeking part-time employment while in school? (please check one) Yes No

15. Will you require school-sponsored housing? Yes No Desire assistance in finding independent housing? Yes No

16. **Extracurricular Activities:** List the extracurricular activities in which you have participated (such as honor societies, sports, service organizations) including leadership positions:

17. How did you hear about The Illinois Institute of Art—Chicago? _____

18. Have you visited The Illinois Institute of Art—Chicago? (please check one) Yes No If yes, date visited _____

19. Have you ever been convicted of OR pled guilty to a crime other than a summary traffic offense? (please check one) Yes No

20. Please provide information regarding any disciplinary matters 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.

Please continue on the back

