

APPLICATION FOR ADMISSION

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.

Check quarter starting date:

- May 12, 2011
- July 11, 2011
- August 18, 2011
- October 3, 2011
- November 10, 2011
- January 9, 2012
- February 16, 2012
- April 2, 2012
- May 10, 2012
- July 9, 2012
- August 16, 2012
- October 1, 2012
- November 8, 2012
- January 7, 2013
- February 14, 2013
- April 1, 2013
- Other _____

Last Name	First Name	Middle Name	Social Security Number

If any of your records are under a name other than the one given above (i.e. your maiden name), please list the name below:

Last Name	First Name	Middle Name

Permanent Address _____

City	State	Zip Code	Country

Home Phone	Alternate Phone	Cell Phone

Current Address (if different from Permanent Address) _____

City	State	Zip Code	Country

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

Father (OR GUARDIAN) (Last) (First Name) (Initial) Father's address, if different from your address _____

Mother (OR GUARDIAN) (Last) (First Name) (Initial) Mother's address, if different from your address _____

Spouse (IF MARRIED) (Last) (First Name) (Initial) (Occupation) (Employed by) _____

Program of study for which you are applying:

CERTIFICATE PROGRAMS:

- Baking & Pastry**
Five 11-week quarters
55 weeks – 57 Credit Hours
- Digital Image Management**
Four 11-week quarters
44 Weeks – 48 Credits
- Web Design & Development I**
Four 11-week quarters
44 Weeks – 48 Credits
- Culinary Arts**
Five 11-week quarters
55 weeks – 57 Credit Hours
- Fashion Retailing**
Four 11-week quarters
44 Weeks – 48 Credits
- Web Design & Development II**
Four 11-week quarters
44 Weeks – 48 Credits

Name of High School _____ Date of High School Graduation _____

Address of High School _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Name of High School Counselor _____ High School Class Rank _____ Number of students in class _____ Cumulative Grade Point Average and Scale _____

If not a high school graduate, date of G.E.D. certificate _____ Place of origination of G.E.D. certificate _____

Applicant is responsible for providing The Art Institute of Dallas, a campus of South University, with copies of high school and college transcript(s) and if applying to transfer credits, with copies of college bulletins or catalogs with full course descriptions.

Name & Location of School	Dates Attended From To	Graduated Yes No	Type of Diploma or Degree	Major Field of Study	If you did not complete the program at this school, please explain the reason(s) for your departure.

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

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

Do you desire assistance in seeking part-time employment while in school? ___Yes ___No, How did you hear about The Art Institute of Dallas? _____ Have you visited The Art Institute of Dallas? ___Yes ___No

List the extracurricular activities in which you have participated (such as honor societies, sports, service organizations), including leadership positions you have held.

When you attend The Art Institute of Dallas, will you: ___apply for school-sponsored housing? ___ desire assistance in finding independent housing? ___ need no assistance with housing?

Have you ever been convicted of or pled guilty to a crime other than a summary traffic offence? ___Yes ___No If yes, describe in full. _____

Please list any Art Institutes schools or other postsecondary schools attended and reasons why you stopped attending (if you did not graduate). Write "none" if you did not attend any other postsecondary or Art Institutes schools.

Are you a U.S. citizen? ___Yes ___No Are you a ___Veteran ___Dependent of a Veteran ___Neither

International Students (ONLY): Will you need a non-immigrant student visa to attend this school? ___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? _____

Please provide information regarding any disciplinary matters you were involved in at any Art Institutes schools or other postsecondary schools you have attended. Write "none" if there were no disciplinary matters at any Art Institutes schools or other postsecondary schools attended. _____

SIGNATURE:

I certify that all information is true and complete to the best of my knowledge. I understand it is my responsibility to provide proof of high school graduation and I agree to submit my final high school transcript or my official GED scores and all postsecondary transcripts ("Prior Educational Transcripts") in order to complete my application. I understand that admission to The Art Institute is contingent upon, among other things, the school's receipt of all Prior Educational Transcripts, satisfaction of all admissions criteria, the school's acceptance of my application, and my signature on and the school's acceptance of the Enrollment Agreement. I authorize all of the schools I have attended to release copies of my Prior Educational Transcripts. By this application, you: (a) certify that your information on this application is true and complete; (b) agree that we may request a consumer credit report about you from one or more credit reporting agencies; (c) agree that we may ask third parties, governmental agencies and credit reporting agencies to verify information about you; and (d) agree that we may share information with lenders. We will, upon your request, inform you if we requested a consumer report about you and provide you with the name and address of the consumer reporting agency that furnished the report. You understand that you are providing "written instruction" to us under the Fair Credit Reporting Act authorizing us to obtain information from your personal credit file.

Signature of Applicant _____ Date _____ Admissions Representative _____ Date _____

DO NOT WRITE IN THIS AREA

Date Received _____ Rep. ID No. _____ Amount _____ Date Visited _____

Check _____ Money Order _____ Cash _____ I.D. No. _____ Charge _____ No. _____ Source Code _____