

Applicant's Name _____

22. Signature of Applicant

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.

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

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

Applicant Signature _____

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

 **The Art Institute
of MichiganSM**
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Local 248.675.3800
Fax 248.675.3830
Toll Free 800.479.0087
www.artinstitutes.edu/detroit

For Admissions Office use only:

Date Received _____

ADA# _____

Date Visited _____

Student ID# _____

Amount Paid _____



The Art Institute of MichiganSM

Admissions Application

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 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 Code) (Country)

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) (Phone)

(Father's Address) (City) (ZIP Code)
Mother _____
(Last Name) (First Name) (Phone)

(Mother's Address) (City) (ZIP Code)

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

9. Emergency Contact _____
(Last Name) (First Name) (Phone)

10. Will you need a non-immigrant 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? _____

Your Program Choice

Check the Degree program for which you are applying:

Bachelor of Fine Arts (12 quarters)

- Web Design & Interactive Media
- Interior Design
- Visual Communications
- Digital Photography
- Media Arts & Animation

Bachelor of Arts (12 quarters)

- Fashion Marketing & Management

Bachelor of Applied Science (12 quarters)

- Culinary Management

Associate of Applied Science (6 quarters)

- Culinary Arts
- Graphic Design
- Fashion Merchandising
- Web Design & Interactive Media
- Interior Design

Diplomas (4 quarters)

- Culinary Arts
- Baking & Pastry
- Digital Image Management
- Fashion Retailing
- Web Design & Interactive Communications
- Web Design & Development

Date you wish to start

Date you wish to start:

- Winter II (mid term) February 17th, 2011
- Spring I April 4th, 2011
- Spring II (mid term) May 12th, 2011
- Summer I July 11th, 2011
- Summer II (mid term) August 18th, 2011

12. Educational Background?

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

Name of High School _____

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

(City) (State/Province) (ZIP Code)

Name of High School Counselor _____

Cumulative Grade Point Average _____

13. Please list any Art Institutes 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 Institutes schools.

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

APPLICANT IS RESPONSIBLE FOR PROVIDING THE ART INSTITUTE OF MICHIGAN WITH ALL COPIES OF OFFICIAL HIGH SCHOOL, COLLEGE TRANSCRIPT(S), AND/OR G.E.D. 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 ART INSTITUTE OF MICHIGAN, COPIES OF PARTIAL TRANSCRIPTS, AS WELL AS FINAL TRANSCRIPTS FROM HIGH SCHOOL UPON GRADUATION.

14. 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

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

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

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

18. How did you hear about The Art Institute of Michigan? _____

19. Have you visited The Art Institute of Michigan? (please check one) Yes No (If yes, date visited) _____

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

21. Please provide information regarding any disciplinary matters at any Art Institutes schools you have attended. Write "none" if there were no disciplinary matters at any Art Institutes schools other post-secondary schools attended.

