



TRANSCRIPT REQUEST

High school graduation is a prerequisite for admission to any program offered by The Art Institute of Fort Lauderdale. Proof of such graduation must be provided prior to your start of classes. Outlined below are the procedures to follow depending on your particular situation.

Please mail the form at the bottom directly to your high school with the appropriate fee that is may require.

HIGH SCHOOL SENIORS

Please submit a copy of your partial transcript as soon as possible. Upon graduation, you will be requested to submit a copy of your final high school transcript record to The Art Institute of Fort Lauderdale.

HIGH SCHOOL GRADUATES

If you have not already submitted proof of your high school graduation to The Art Institute of Fort Lauderdale, please proceed as follows:

1. Submit a copy of your final high school transcript record,
OR
2. If you do not have a final high school transcript record in your possession,
complete this form and return both copies to The Art Institute of Fort Lauderdale immediately.

GENERAL EDUCATION DIPLOMA (GED) RECIPIENTS

If you did not formally complete high school but have satisfactorily completed a state General Education Diploma (GED), of High School Equivalency Examination, please submit a copy of the test scores to The Art Institute of Fort Lauderdale.

COLLEGE TRANSFER STUDENTS

If you have attended college and if you wish to have your course credits considered for transfer, you may submit a copy of your college transcript(s) with course descriptions and your portfolio to The Art Institute of Fort Lauderdale for this evaluation. They must be submitted by the deadline given.

Dear Counselor/Registrar:

I graduated from high school in _____ Month _____ Year High School Name _____
Address _____ City _____ State _____ Zip _____

I graduated from/attended college in _____ Month _____ Year High School Name _____
Address _____ City _____ State _____ Zip _____

Please forward my transcripts to: Director of Admissions
The Art Institute of Fort Lauderdale
1799 SE 17 Street, Fort Lauderdale, FL 33316-3000

I hereby authorize you to release my transcripts to The Art Institute of Fort Lauderdale.

Student's Name (please print) _____ Date _____

Signature _____ Social Security Number _____

Note: If information to process this application is listed under a different name, please list names below.
