

Application-Culinary Arts

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

(LAST NAME) (FIRST NAME) (MIDDLE)

4. Permanent Address _____
(STREET OR P.O. BOX) (CITY) (STATE) (COUNTRY) (ZIP/POSTAL CODE)

5. Current Address, if different _____
(STREET OR P.O. BOX) (CITY) (STATE) (COUNTRY) (ZIP/POSTAL CODE)

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

6. Contact Information: Home _____ Business _____
 Cell _____ Pager _____
 Email Address _____

7. Parent/Guardian Information:
 Father (GUARDIAN) _____ Mother (GUARDIAN) _____
(LAST NAME) (FIRST NAME) (INITIAL) (LAST NAME) (FIRST NAME) (INITIAL)

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Address, if different from yours _____ Address, if different from yours _____

8. Spouse (IF MARRIED) _____
(LAST NAME) (FIRST NAME) (MIDDLE)

9. The program for which you are applying is:
 Baking & Pastry, AAS Culinary Arts, Diploma Culinary Arts, AAS
 Culinary Arts, AAS, Evening/Weekend Option* Culinary Management, BS Culinary Management, BS, Evening/Weekend Option*
 Food & Beverage Management, BS Restaurant & Catering Management, AAS
 Check Class Structure and Preferred Quarter Start Date: On-Ground Online & On-Ground
 Winter I January 10, 2011 Winter II February 17, 2011 Spring I April 4, 2011 Spring II May 12, 2011
 Summer I July 11, 2011 Summer II August 18, 2011 Fall I October 3, 2011

10. Is English your primary language? Yes No If no, what is your primary language? _____

–What is your present knowledge of English? (PLEASE CHECK ONE) Beginning Intermediate Advanced

–What is your most recent TOEFL score? _____ Other proof of English proficiency? _____

11. Are you a U.S. citizen? (PLEASE CHECK ONE) Yes No IF YES, GO TO QUESTION 13.

12. Will you need a non-immigrant student visa to attend this school? (PLEASE CHECK ONE)
 Yes No

DO NOT WRITE IN THIS AREA

Date Visited _____ Date Received _____ ADA No. _____ ID No. _____ Source Code _____



THE INTERNATIONAL
 CULINARY SCHOOLSM
 at The Art Institute of Houston

1900 Yorktown Street Houston, Texas 77056-4197
 713-623-2040 or toll free 1-800-275-4244
 Visit our web address at www.artinstitutes.edu/houston

13. Educational Background
 Name of High School where you graduated _____ Date of High School Graduation _____
 Address of Secondary School _____
(STREET) (CITY) (STATE) (COUNTRY) (ZIP/POSTAL CODE)

If not a high school graduate, date of G.E.D. certificate _____
 Name of G.E.D. Testing Center _____ City _____ State _____
 Educational Testing Scores (recommended, but not required) S.A.T. _____ A.C.T. _____ T.A.A.S./T.A.K.S. _____ T.A.S.P./T.H.E.A. _____

14. Would you like your transcripts evaluated for transfer credits Yes No

List all colleges, universities or other post-secondary schools attended: Applicant is responsible for providing The Art Institute of Houston with official copies of secondary school and college transcript(s) and, if planning to transfer credits, with copies of college catalogs with full course descriptions. Include Military transcripts if applicable.

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DATES ATTENDED				GRADUATED YES OR NO	TYPE OF DIPLOMA OR DEGREE	MAJOR FIELD OF STUDY
		FROM MO/YR	TO MO/YR					
COLLEGE OR UNIVERSITY								

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

DATE FROM/TO	NAME & ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING	SUPERVISOR

16. Do you desire assistance in seeking part-time employment while in school? (PLEASE CHECK ONE) Yes No

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

19. Have you visited The Art Institute of Houston? (PLEASE CHECK ONE) Yes No If yes, date visited _____

20. When you attend The Art Institute of Houston, will you:
 apply for school-sponsored housing? desire assistance in finding independent housing?
(THE ART INSTITUTE OF HOUSTON RESERVES THE RIGHT TO DO A BACKGROUND CHECK ON ANY HOUSING APPLICANT)

21. Have you ever been convicted of or pled guilty to a crime other than a summary traffic offense? (PLEASE CHECK ONE) Yes No
(ATTACH A SEPARATE SHEET IF NECESSARY) If yes, describe in full _____

22. Signature: By signing 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. 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 post secondary 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.

SIGNATURE OF APPLICANT _____ DATE _____

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