

**1 • Applicant Identification and Contact Information**

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 \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Current Address (If different from Permanent Address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**2 • Program of Study for Which you are Applying**

**DIPLOMA**  
 Baking & Pastry  The Art of Cooking

**ASSOCIATE'S DEGREE**  
 Culinary Arts  Graphic Design  Web Design & Interactive Media

**BACHELOR'S DEGREE**  
 Culinary Management  Digital Filmmaking & Video Production  Game Art & Design  Graphic Design  Interior Design  Media Arts & Animation  Web Design & Interactive Media

**3 • Quarter Starting Date**

April 6, 2009 (SP 09)  October 5, 2009 (FA 09)  
 May 14, 2009 (SP 09 Mid-term Start)  November 12, 2009 (FA 09 Mid-term Start)  
 July 13, 2009 (SU 09)  January 11, 2010 (WI 10)  
 August 20, 2009 (SU 09 Mid-term Start)  Other: \_\_\_\_\_

**Do you desire assistance in seeking part-time employment while in school?**  
 Yes  No

**When you attend The Art Institute of California – Sacramento, will you:**  
 Desire assistance in finding independent housing?  Decline housing assistance?

**4 • Citizenship and Immigration**

**Are you a U.S. Citizen?** (Please check one.)  
 Yes (Please go to question 5)  No (Please answer the following question)

**Non – U.S. Citizens (ONLY)** (Please check one.)  
 I am a permanent resident of the U.S.  
 I will need student nonimmigrant status  
 I am a nonimmigrant alien residing in the U.S. and I will not need student nonimmigrant status

**5 • Contact in Case of Emergency**

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**6 • Educational Background**

The applicant is responsible for providing The Art Institute with all official copies of high school transcripts. If the applicant is requesting early acceptance before completion of high school, then the applicant is responsible for providing The Art Institute with both; the official partial transcript as well as the official final transcript from high school upon graduation.

Name of High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
 High School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List all colleges, universities or other post-secondary schools attended. (If you need more space, please complete on a separate sheet of paper.)

Educational Institution	City / State	Dates attended (from - to)	Type of Program Certificate, Degree or Diploma Obtained	Are you applying for transfer of any credits to The Art Institute?

**7 • Information**

**In the last 10 years, have you been convicted or pled guilty to a crime other than a summary traffic offense?** (Please check one)  Yes  No  
**If yes, describe in full:** (If you need more space, please complete on a separate sheet of paper.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**8 • Essay**

Please respond to the following questions with a focused, organized essay of no less than 150 words and submit it with this application.

- Which program of study have you chosen to enroll in at The Art Institute of California – Sacramento and why?
- How do you expect your education to help you attain your career goal?

**9 • Student's Signature**

All information provided is true and complete to the best of my knowledge. I understand admission to The Art Institute is contingent upon submission of my final official high school transcript (or my official GED test result), satisfaction of all admission criteria, my acceptance by The Art Institute, my signing of The Art Institute's Enrollment Agreement, and The Art Institute's acceptance of the Enrollment Agreement. I authorize The Art Institute to request and receive a copy of my high school and/or college transcript(s) including GED certificate.

Student's Name (please print) \_\_\_\_\_  
 Student's Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Parent or Guardian's Signature (if applicant is under 18 years of age) \_\_\_\_\_  
The Art Institute of California – Sacramento does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, sex, age, sexual orientation, disability or any other characteristic protected by state, local or federal law in the administration of any of its educational program or activities or with respect to admission or employment.

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Received: \_\_\_\_\_ ADA# \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Major/Program: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Payment Type: MO CK CA CH  
 If Charged: VS MC AMX DISCOVER  
 Student Number: \_\_\_\_\_

ADA Initials \_\_\_\_\_ Date \_\_\_\_\_