



ACADEMY OF COUTURE ART ADMISSION APPLICATION

APPLICANT INFORMATION

<i>Last Name</i>	<i>First Name</i>
<i>Middle Initial</i>	<i>US Social Security Number</i>
<i>Street Address</i>	<i>City</i>
<i>State</i>	<i>Zip Code</i>
<i>Country</i>	<i>Country of Citizenship</i>
<i>Phone (Country+Area)</i>	<i>Fax (Country+Area)</i>
<i>Cellular (Country+Area)</i>	<i>E-mail</i>
<i>Date of Birth (mm/dd/yy)</i>	<i>Gender</i> <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>

FOREIGN STUDENTS

<i>Type of visa hold if any</i>

EDUCATION INFORMATION

<i>Last High School attended (name and complete address)</i>	
<i>Entry Date (mm/dd/yy)</i>	<i>Graduation Date (mm/dd/yy)</i>
<i>List of all Colleges attended for course credit (Names and complete addresses, entry and leaving dates, degrees if obtained)</i>	

PARENT / GUARDIAN INFORMATION

<i>Last Name</i>	<i>First Name</i>
<i>Middle Initial</i>	<i>US Social Security Number</i>
<i>Street Address</i>	<i>City</i>
<i>State</i>	<i>Zip Code</i>
<i>Country</i>	<i>Country of Citizenship</i>
<i>Phone (Country+Area)</i>	<i>Fax (Country+Area)</i>
<i>Date of Birth (mm/dd/yy)</i>	<i>E-mail</i>

AREA OF INTEREST

<p><i>Program Requested (select one)</i></p> <ul style="list-style-type: none"><input type="checkbox"/> <i>Associate of Fine Arts Degree in Fashion Design</i><input type="checkbox"/> <i>Associate of Fine Arts Degree in Pattern Design</i><input type="checkbox"/> <i>Bachelor of Fine Arts Degree in Fashion Design</i><input type="checkbox"/> <i>Bachelor of Fine Arts Degree in Pattern Design</i><input type="checkbox"/> <i>Creative Fashion Design Laboratory Certificate</i><input type="checkbox"/> <i>Creative Pattern Design Laboratory Certificate</i><input type="checkbox"/> <i>Professional Fashion Design Laboratory Certificate</i><input type="checkbox"/> <i>Professional Pattern Design Laboratory Certificate</i><input type="checkbox"/> <i>Summer Fashion Camp</i>	<p><i>Quarter Requested (select one)</i></p> <ul style="list-style-type: none"><input type="checkbox"/> <i>April 2008</i><input type="checkbox"/> <i>July 2008</i><input type="checkbox"/> <i>October 2008</i><input type="checkbox"/> <i>January 2009</i><input type="checkbox"/> <i>April 2009</i><input type="checkbox"/> <i>July 2009</i><input type="checkbox"/> <i>October 2009</i><input type="checkbox"/> <i>January 2010</i><input type="checkbox"/> <i>April 2010</i><input type="checkbox"/> <i>July 2010</i>
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SCHOLARSHIP REQUEST

<i>Would you like to be considered for Scholarship?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
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FAX THIS FORM TO: 310-967-8888

- OR -

EMAIL TO: admissions@acawh.com