



332 South Michigan Ave.
Chicago, IL 60604
(312) 461-0600
Fax: (312) 294-9570
www.aaart.edu

Application

Please submit a \$25.00 non-refundable application fee with application.

Please type or print _____ Date _____

Last Name First Name Middle Initial

Birth Date ____ / ____ / ____ Social Security Number ____ / ____ / ____ Marital Status _____

Male or Female _____ U.S. Citizen _____ Country of Citizenship _____

Permanent Mailing Address Apartment No.

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Name of High School (last attended) _____

Did you graduate from High School? Yes _____ No _____ Graduation or expected graduation date _____

Did you complete the GED? Yes _____ No _____ If yes, completion date _____

List Colleges or Universities and Dates Attended: _____

Degrees Received _____

Present Occupation _____

How did you hear of the American Academy of Art? _____

This is to certify that I am applying (check one):

() for the Bachelor of Fine Arts Degree

() as a transfer student into the B.F.A Degree Program

I plan to begin my degree program in the following semester (check one):

() Spring 2008 () Summer 2008 () Fall 2008

() Spring 2009 () Summer 2009 () Fall 2009

() Spring 2010 () Summer 2010 () Fall 2010

Signature of Applicant Date

Tell us something about yourself, i.e., a favorite subject, hobby, special interest or activity.

Describe any special training or previous employment which has given you experience in art (where, what, and how long).

Do you have a friend who would like to receive a catalog from the American Academy of Art? Yes ___ No ___

Name of Friend _____

Address _____

Phone _____ Email Address _____

Name of Friend _____

Address _____

Phone _____ Email Address _____

For Office Use Only

Fee Paid _____ Date _____

Admissions Representative _____