
APPLICATION for PROGRAM ADMISSION

**Paier College of Art
Incorporated**

20 Gorham Avenue
Hamden, Connecticut 06514
(203) 287-3031
www.paiercollegeofart.edu

(Please do not write in this space)

Date _____

Receipt No. _____

Fee _____

Applying for
entrance in:

Fall 20 _____

Spring 20 _____

Name:

First (please print or type)

Middle

Maiden

Last

Mailing Address:

Number & Street

City

State

ZIP Code

E-mail Address

Telephone:

Area Code

Number

Business

Area Code

Number

Date of Birth:

Month

Day

Year

Birthplace

Social Security Number

Citizen of:

(Country)

Do you hold a current visa? Yes No

If yes, indicate type

Parents/Guardian:

Father's Name

Address, if different from yours

Area Code

Number

Business

Area Code

Number

Mother's Name

Address, if different from yours

Area Code

Number

Business

Area Code

Number

Guardian's Name

Address, if different from yours

Area Code

Number

Business

Area Code

Number

Spouse:

First

Middle

Maiden

Last

Area Code

Number

Business

Area Code

Number

Address, If different from your

Major Interest: **Bachelor of Fine Arts Degree in:**
(Check one) Fine Arts Graphic Design Illustration Interior Design Photography

Associate of Fine Arts Degree in:
 Photography

Diploma in:
 Fine Arts Graphic Design Illustration Interior Design Photography

Certificate Program in:
 Graphic Production Interior Design Portrait & Figure Painting
 Sharp Focus/Trompe L'Oeil Painting

Undecided:

Please indicate: Benefits Loans Federal State Self Parents
proposed sources Social Security Spouse Rehabilitation Other: _____
of funds for your (specify)
College expenses:

Education:

High School _____ City _____ State _____

Dates Attended from _____ to _____ Diploma Yes No

If no, please indicate: Equivalency Diploma (GED) Yes No

College/Post-Secondary _____ City _____ State _____

Dates attended from _____ to _____ Diploma Degree Other

College/Post-Secondary _____ City _____ State _____

Dates attended from _____ to _____ Diploma Degree Other

College/Post-Secondary _____ City _____ State _____

Dates attended from _____ to _____ Diploma Degree Other

College/Post-Secondary _____ City _____ State _____

Dates attended from _____ to _____ Diploma Degree Other

Additional Information

List art related activities such as work, extra-curricular activities, private lessons, projects, exhibitions, etc.

Please indicate the reasons for your choice of study.

Do you need the College's help to locate housing? Yes No. If yes, what kind of accommodations?

Is there anything else you care to tell us about yourself? Yes No.

From what source did you learn of Paier College of Art?

- Art teacher Guidance Counselor Catalog Professional Artist
 Friend Magazine Newspaper Radio Search Engine Website
 Career Day College Fair Peterson's Guide TV Telephone Book
 Other: _____
(specify)

TO ALL APPLICANTS:

Your application file will be incomplete and will not be considered until you:

1. Complete and submit this application with the \$25.00 non-refundable application fee.
 2. Submit an official transcript(s) of grades from each school/college listed in the application.
 3. Submit two letters of recommendation. One from an educator, or other a professional who know you dealing with your creativity and art skills, the other with your academic ability and other attributes (e.g., character, community interests, activities, etc.).
 4. Submit for review at the time of interview a portfolio of your best original art including examples of interpretive and representational work.
 5. Submit the scores of either the SAT or ACT (if applying to a degree program.)
 6. Arrange with the Admissions Office for a personal interview, or if too distant, consult for alternative arrangements.
 7. Send the attached Measles/Rubella Immunization Records Request Form to the High School or the Post-Secondary School you last attended, or to your physician. Then have your Measles/Rubella Immunization Records sent to our Admissions Office.
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NOTICE:

The information below is optional. The Connecticut Department of Higher Education requires the College to identify all students by race/ethnicity. (Federal Register, Volume 72, Number 202).*

Are you a Hispanic/Latino? Yes No.

If you answer no to the above question: Which best describes your race/ethnicity? (select one or more options)

- Alaskan Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
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In consideration of the undertaking by Paier College of Art, Incorporated to process this application, the undersigned agrees that any information furnished to Paier College of Art, Incorporated, at any time and regardless of whether or not the candidate is accepted as a student at Paier College of Art, Incorporated, including all information and materials of any kind received by Paier College of Art, Incorporated from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone including the undersigned, except that an authorized official of Paier College of Art, Incorporated may in his/her discretion for official purposes, disclose all or any part thereof to such person or persons as he/she may deem advisable.

I hereby apply for admission to Paier College of Art, Incorporated and affirm that, to the best of my knowledge, the information supplied in this application is true.

Your Signature: _____ Date: _____

Parent's (Guardian's) Signature: _____ Date: _____
(if applicant is under legal age)

*Paier College of Art admits students regardless of race, religion, gender, sexual orientation, disability, ethnic or cultural origination, and age to all the rights, privileges, programs, activities generally accorded to students of the College. Also, the College does not discriminate on the basis of the above characteristics in the administration of its educational policies, admissions policies, scholarships and loan programs, or any other College-administered programs.

MEASLES/RUBELLA IMMUNIZATION RECORDS REQUEST

Measles/Rubella Immunization Information

Public Acts requires that all full-time or matriculated Connecticut college students born after December 31, 1956 provide proof of adequate immunization against measles and rubella (German Measles). Exemptions will be granted only (1) for medical reasons, confirmed by a physician's statement; (2) if you have had measles and/or rubella and have a physician's or health department certificate so stating or laboratory evidence demonstrating immunity, it must be presented; or (3) if your religious beliefs do not allow you to be vaccinated and you sign a statement to that effect. (If you claim a religious or medical exemption and there is an outbreak of measles or rubella on campus, you may be excluded from college activities, including classes and exams.) or (4) if you have graduated from Connecticut public or private high schools in 1999 or after.

Student compliance: If you are a full-time student or a part-time student enrolled in a degree, diploma or certificate program and if you do not fall under the above-stated exemptions, you must present proof of adequate immunization against both measles and rubella as explained below. Proof includes such documentation as a medical record, laboratory evidence, a physician's statement, or your high school or post-secondary school health record.

Adequate immunization: Measles: Student must provide verification of two (2) doses of measles vaccine—one dose administered after January 1969, and on or after the first birthday, and a second dose after January 1, 1980. If you have not previously received your immunizations then two (2) doses of measles vaccine are required, you must wait at least 30 days before the second dose can be administered. RUBELLA: One dose administered after the student's first birthday is considered adequate immunization.

Any student not showing necessary proof of immunization or verification of exemption from immunizations, will not be allowed to register.

Dear High School/Post Secondary School/or Physician, please send my immunization records to:

**Admissions Office
Paier College of Art, Incorporated
20 Gorham Avenue
Hamden, CT 06514-3902**

Please print the information requested and sign at the bottom. Send this form to the High School, or Post-Secondary School, you last attended; or your Physician. Then send the Immunization records to the College Admissions Office.

Name:	_____	_____	_____	_____
	Last	First	Middle Initial	Maiden Name
Address:	_____			
	Street			
	_____	_____	_____	_____
	City	State	ZIP Code	
Social Security Number:	_____	Date of Birth:	_____	
Last term enrolled at prior school	_____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	
I hereby consent to have my immunization records released to Paier College.				
Student's signature:	_____			

(or you may send these records by FAX: 203.287.3021 or email paier.admission@snet.net)