



1030 Central Avenue, Plainfield, NJ 07060-2898 (908) 757-7171 fax (908) 757-2626

# Application for Admission

A NON-REFUNDABLE FEE OF \$25.00 MUST ACCOMPANY ALL APPLICATIONS

(PLEASE TYPE AND PRINT **OR** PRINT AND FILL OUT)

NAME \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME PREFERRED NAME

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_ MALE FEMALE MARRIED SINGLE

I AM APPLYING AS A: FIRST YEAR STUDENT TRANSFER STUDENT PERSONAL ENRICHMENT STUDENT

I'M INTERESTED IN: FULL-TIME ATTENDANCE PART-TIME DAYS PART-TIME EVENINGS SUMMER SESSION

ETHNIC ORIGIN: AMERICAN INDIAN / ALASKAN BLACK / AFRICAN AMERICAN  
ASIAN / PACIFIC ISLANDER MEXICAN AMERICAN / CHICANO  
PUERTO RICAN LATIN AMERICAN / HISPANIC  
CAUCASIAN OTHER

ARE YOU A HIGH SCHOOL GRADUATE? YES NO DATE OF GRADUATION \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL \_\_\_\_\_

LIST COLLEGE, UNIVERSITY, OR VOCATIONAL SCHOOLS ATTENDED: \_\_\_\_\_

LIST YOUR ACHIEVEMENTS, AWARDS, RECOGNITIONS: \_\_\_\_\_

PLANNED LIVING ACCOMMODATIONS: HOME OTHER \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WOULD REQUIRE SPECIAL CONSIDERATION AND ASSISTANCE?

HAVE YOU HAD OR DO YOU NOW HAVE ANY EMOTIONAL PROBLEMS WHICH MIGHT INTERFERE WITH YOUR EDUCATIONAL PERFORMANCE? \_\_\_\_\_

HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES NO

ARE YOU ELIGIBLE FOR V.A. BENEFITS?      YES      NO

IF ACCEPTED I WILL BE PAYING FOR FINANCIAL AID:      YES      NO

NAME AND ADDRESS OF PERSON TO WHOME BILLS SHOULD BE SENT:

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMERGENCY CONTACT:      MOTHER      FATHER      GUARDIAN      SPOUSE      OTHER

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE:      HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

HOMETOWN NEWSPAPER AND ADDRESS (FOR NOTIFICATION OF HONORS / AWARDS)

\_\_\_\_\_

HOW DID YOU LEARN ABOUT THE DUCRET SCHOOL OF ART? (RECOMMENDATION BY FORMER STUDENT, ADVERTISEMENT, GUIDANCE COUNSELOR, HIGH SCHOOL PRESENTATION, OTHER? (PLEASE BE SPECIFIC)

\_\_\_\_\_

\_\_\_\_\_

SUPPLY ANY ADDITIONAL INFORMATION WHICH YOU BELIEVE WOULD BE HELPFUL TO THE DUCRET SCHOOL OF ART IN ACTING ON YOUR APPLICATION: \_\_\_\_\_

\_\_\_\_\_

FOR PART-TIME ATTENDANCE, PLEASE LIST THE DESIRED COURSES YOU ARE INTERESTED IN:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**FIRST YEAR STUDENTS: WE REQUIRE AN OFFICIAL TRANSCRIPT FROM YOU HIGH SCHOOL  
TRANSFER STUDENTS: WE REQUIRE AN OFFICIAL TRANSCRIPT FROM YOU HIGH SCHOOL AND AN OFFICIAL TRAN-  
SCRIPT AND FINANCIAL AID TRANSCRIPT FROM EACH COLLEGE OR UNIVERSITY ATTENDED**

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**FOR ADMISSION USE ONLY**

APPLICATION RECEIVED \_\_\_\_\_ APPLICATION FEE RECEIVED \_\_\_\_\_

INTERVIEW DATE \_\_\_\_\_ ACCEPTANCE DATE \_\_\_\_\_

TRANSCRIPTS - HIGH SCHOOL \_\_\_\_\_ COLLEGE / POST SECONDARY \_\_\_\_\_

ENROLLMENT AGREEMENT REC'D \_\_\_\_\_ ENROLLMENT DEPOSIT REC'D \_\_\_\_\_

OTHERS \_\_\_\_\_

