

undergraduate application for admission

» Applicants may also apply online at www.corcoran.edu

Please complete and return this form with non-refundable \$45 application fee to:

Office of Admissions
Corcoran College of Art + Design
500 Seventeenth Street NW
Washington, DC 20006

PHONE (202) 639-1814
TOLL-FREE IN THE U.S. (888) CORCORAN
FAX (202) 639-1830
E-MAIL admissions@corcoran.org

PLEASE CHECK ONE PROGRAM »

BFA Fine Art

- Ceramics
- Drawing
- Digital Art
- Painting
- Printmaking
- Sculpture
- BFA/MA
in Teaching
(five-year)

Design

- Graphic Design
- Digital Media Design
- Interior Design

Photography

- Fine Art
Photography
- Photojournalism

New! BA Concentrations*

- Writing in the Arts
- Theory and
Studio Practice
- Contemporary Art and
Museum Culture

PLEASE CHECK ONE »

- First-Year
- Transfer
- Fall
- Spring
(year) _____

*For more information about our new programs, please call (202) 639-1814 or e-mail admissions@corcoran.edu.

FIRST NAME _____ MIDDLE _____ LAST _____

PERMANENT ADDRESS NUMBER/STREET _____ APT. # _____

CITY/STATE/ZIP _____ COUNTRY _____

MAILING ADDRESS (IF DIFFERENT) NUMBER/STREET _____ APT. # _____

CITY/STATE/ZIP _____ COUNTRY _____

HOME PHONE _____ CELL _____ FAX _____

E-MAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____ BIRTHDATE MONTH/DAY/YEAR _____

BIRTHPLACE COUNTRY _____

PLEASE CHECK »

- U.S. citizen
- U.S. permanent resident (green card)

Resident alien ID# _____

- Non-U.S. citizen, citizen of _____ Type of visa _____

PLEASE CHECK »

- *Male
- *Female
- *Choose not to respond
- *American Indian or Alaska Native
- *Black or African American
- *White
- *Native Hawaiian or other Pacific Islander
- *Asian
- *Other _____
- *Hispanic or Latino
- *Choose not to respond

*For identification and statistical purposes only. Applicants may select one or more racial designations.

PARENT(S)/GUARDIAN(S)/SPOUSE »

FIRST NAME _____ MIDDLE _____ LAST _____ RELATIONSHIP _____

ADDRESS CITY/STATE/ZIP _____ COUNTRY _____

FIRST NAME _____ MIDDLE _____ LAST _____ RELATIONSHIP _____

ADDRESS CITY/STATE/ZIP _____ COUNTRY _____

PARENT(S)/GUARDIAN(S)/SPOUSE'S E-MAIL _____

education

List all high school/secondary schools attended. Use another sheet of paper if necessary.

HIGH SCHOOL/SECONDARY _____ SCHOOL NAME _____ CITY/STATE _____ YEAR OF GRADUATION _____

HIGH SCHOOL/SECONDARY _____ SCHOOL NAME _____ CITY/STATE _____ YEAR OF GRADUATION _____

ART TEACHER'S NAME _____ GUIDANCE COUNSELOR'S NAME _____

post-secondary education

List all colleges/universities/other schools attended. Use another sheet of paper if necessary.

COLLEGE NAME	DATES ATTENDED	MAJOR/DEGREE	YEAR OF GRADUATION

application checklist Check spaces that apply to you.

- My \$45 application fee is enclosed.
- I have visited **or** plan to visit the Corcoran for a tour, interview, and portfolio review.
(Required of all applicants living within 200 miles of the Corcoran)
- I have sent **or** plan to send slides or digital images of my portfolio.
(Required of all applicants)

My SAT ACT TOEFL scores have been sent.

SAT/ACT date _____ TOEFL date _____

My high school transcripts* have been sent **or** are being sent

*Required of all applicants regardless of entry level

My college transcripts have been sent are being sent **or** never attended college

My personal statement has been sent is being sent

How did you first hear about the Corcoran? _____

Please list all languages that you speak fluently. _____

What language do you usually speak at home? _____

What is the name of your hometown newspaper? _____

I want to live in Corcoran-sponsored housing. I understand that if I am a freshman or sophomore, I am accepted to the College for the Fall semester, and I submit my housing application and deposit by the May 15 due date, I am guaranteed a housing reservation.

PLEASE SEND A CATALOG TO FRIEND/TEACHER/RELATIVE »

NAME _____ ADDRESS _____
CITY/STATE/ZIP _____ COUNTRY _____

The previous information is true to the best of my knowledge.

SIGNATURE _____ DATE _____
PARENT OR GUARDIAN'S SIGNATURE (FOR STUDENTS UNDER THE AGE OF 18) _____ DATE _____

CREDIT CARD PAYMENT OPTION »

Please charge \$45 to my Visa AmEx MasterCard

CARD NUMBER _____ EXPIRATION DATE _____
NAME ON CARD _____
SIGNATURE _____ DATE _____
BILLING ADDRESS _____
CITY/STATE/ZIP _____ COUNTRY _____

The College is a member of the National Association for College Admission Counseling and has endorsed the principles published in the "Statement of Good Practice."