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MOBILITY APPLICATION

Association of Independent Colleges of Art and Design
a consortium of leading art and design colleges in the U.S.

TO BE COMPLETED BY THE APPLICANT AND RETURNED TO YOUR HOME INSTITUTION MOBILITY COORDINATOR. PLEASE PRINT CLEARLY OR TYPE.

PART A

Name of applicant: _____

I attend (Home Institution): _____

I wish to attend (Host Institution): _____

I am applying to the Host Institution for Mobility for the following semester:

Fall 20___   (**deadline February 20th**)   Spring 20___   (**deadline October 20th**)

Major area of study:_____ Year Level:_____

Local address:_____

Local telephone: (_____)_____-_____

Local Email:_____

Local address valid until:_____/_____/_____

Permanent address (if different from above): _____

Permanent Email: _____

PART B

PROPOSED PROGRAM AT HOST INSTITUTION: Consult the Host Institution catalog for information about course offerings and content. Each student is responsible for fulfilling all the course requirements of their Home Institution. It is imperative that you discuss in advance with your academic advisor or department chair, as appropriate, all courses that will be taken on Mobility. Host Institutions retain the right to cancel, substitute, limit or otherwise alter courses offered in a given semester and to set pre-requisites or conditions for registration in all courses.

See pg. 3-4 for a list of proposed course selections to be taken while on Mobility at the Host Institution.

PART C

STATEMENT OF PURPOSE: Please write a Statement of Purpose and submit it with the Application. Although the Statement should be concise, it should be a thoughtful consideration of your goals and reasons for seeking Mobility. It should discuss how the proposed study at the Host Institution relates to your education and career goals. Attach an additional sheet(s) as necessary.

PART D

TO THE APPLICANT: I have read and I accept the terms of the AICAD Mobility Program as described in the AICAD Mobility Program Information & Policies form. I understand it is my responsibility to meet the terms of eligibility and that the Host Institution has sole discretion in determining acceptance as a Mobility student. The AICAD Mobility Program provides students the opportunity for short term study at another institution. In this spirit, students may not apply for permanent transfer to the Host Institution while participating in the Mobility Program. I request that upon completion of my study at the Host Institution, a transcript of my completed courses and grades be sent to my Home Institution and they will be included in my permanent academic record. Acceptance as a Mobility student at the Host Institution is conditional on my being in good standing at the completion of the most recent semester of study prior to the Mobility semester and meeting all financial obligations at the Home Institution.

_____   _____
Applicant Signature   Date

APPLICANT: After completing this form, you must obtain the following approvals from your Home Institution. **The Mobility Coordinator's signature is required.** Please consult with your Mobility Coordinator to determine which other signatures are required by your Home Institution. Be sure to keep a copy of the form for your own records.

_____   _____   _____
Advisor or Admin. Chair Signature   Name & Title   Date

_____   _____   _____
Admin. Chair or Assoc. Dean Signature   Name & Title   Date

_____   _____   _____
Home Mobility Coordinator Signature   Name & Title   Date

_____   _____
Mobility Coordinator's email   Phone #

MOBILITY COURSE SUBSTITUTIONS

Name of Applicant: _____

Host Institution:_____

Program of Study:_____

Semester (circle one):   Fall   Spring   Year: _____

*Please note that an *Academic Advisor* signature authorizes an academic class substitution and a *Studio Advisor* signature is needed for a studio course substitution.

Course Selections:

1.   Host Course Code   Host Institution Course Title   Credit(s)

         _____   _____   _____

         Corcoran Code   Corcoran Course Title   Credit(s)

         _____   _____   _____

         Advisor Signature: _____

2.   Host Course Code   Host Institution Course Title   Credit(s)

         _____   _____   _____

         Corcoran Code   Corcoran Course Title   Credit(s)

         _____   _____   _____

         Advisor Signature: _____

3.   Host Course Code   Host Institution Course Title   Credit(s)

         _____   _____   _____

         Corcoran Code   Corcoran Course Title   Credits(s)

         _____   _____   _____

         Advisor Signature: _____

4.   Host Course Code   Host Institution Course Title   Credit(s)

         _____   _____   _____

         Corcoran Code   Corcoran Course Title   Credits(s)

         _____   _____   _____

         Advisor Signature: _____

Course Selections, cont. :

5.   Host Course Code   Host Institution Course Title   Credit(s)

      _____   _____   _____

      Corcoran Code   Corcoran Course Title   Credits(s)

      _____   _____   _____

      Advisor Signature: _____

6.   Host Course Code   Host Institution Course Title   Credit(s)

      _____   _____   _____

      Corcoran Code   Corcoran Course Title   Credit(s)

      _____   _____   _____

      Advisor Signature: _____

7.   Host Course Code   Host Institution Course Title   Credit(s)

      _____   _____   _____

      Corcoran Code   Corcoran Course Title   Credit(s)

      _____   _____   _____

      Advisor Signature: _____

8.   Host Course Code   Host Institution Course Title   Credit(s)

      _____   _____   _____

      Corcoran Code   Corcoran Course Title   Credits(s)

      _____   _____   _____

      Advisor Signature: _____

Student Signature: _____ Date: ____/____/_____

AICAD MOBILIITY CONTACT INFORMATION

Please be sure to activate your Corcoran E-mail account to ensure your timely receipt of registration information for the semester you return to the Corcoran College of Art + Design.

NAME OF STUDENT: _____

E-MAIL ADDRESS: _____

SEMESTER: (circle one)   FALL   SPRING   2 0 _____

MOBILITY SEMESTER INSTITUTION: _____

INSTITUTION ADDRESS:_____

_____

INSTITUTION PHONE: (_____)_____-_____

INSTITUTION FAX: (_____)_____-_____

INSTITUTION CONTACT PERSON: _____

LOCAL ADDRESS (at Mobility Institution): _____

_____

LOCAL PHONE: (_____)_____-_____

PLEASE RETURN THIS FORM TO THE CORCORAN COLLEGE OF ART + DESIGN OFFICE OF THE REGISTRAR ONCE YOU HAVE ARRIVED AT THE MOBILITY INSTITUTION AND HAVE REGISTERED FOR CLASSES.

Office of the Registrar

Corcoran College of Art + Design

500 Seventeenth Street, NW

Washington, DC 20006

Phone: 202.639.1820

Fax: 202.639.1821

Email: registrar@corcoran.org