MILWAUKEE INSTITUTE OF ART & DESIGN RE-ADMIT APPLICATION

send completed application to: office of registration | milwaukee institute of art & design | 273 e. erie street | milwaukee, wi 53202

SECTION A: TO BE COMPLETED BY STUDENT *[please note, this application is only for those who have attended MIAD's degree program in the past.]*

STUDENT NAME _____ **FORMER NAME** _____

SOCIAL SECURITY NUMBER ___ - ___ - ___ **DATE OF BIRTH** ___/___/___

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE ( ) - _____ **EMAIL** _____

Have you ever been convicted of a felony, misdemeanor, or other crime? ☐ **Yes** ☐ **No** *If you answered yes, please attach an explanation of the approximate date of each incident and explain the circumstance.*

WHEN DID YOU ATTEND MIAD'S DEGREE PROGRAM? *from* _____ *to* _____

WHAT SEMESTER DO YOU PLAN TO START? ☐ **Spring 20**_____ ☐ **Fall 20**_____ ☐ **Other** _____

I WILL BE : ☐ **Full Time** ☐ **Part Time**
☐ **Bachelor's Degree Seeking** ☐ **Non- Degree**

WHAT IS YOUR INTENDED MAJOR? ☐ **Communication Design** ☐ **Illustration** ☐ **Illustration-Animation Track**
☐ **Product Design** ☐ **Fashion & Appeal Design** ☐ **Interior Architecture & Design** ☐ **New Studio Practice (Fine Art)**

☐ **I have not attended any other college since attending MIAD.**
☐ **Since MIAD, I have attended the following college(s) and will request transcripts:**

COLLEGE NAME _____ **ATTENDED** *from* _____ *to* _____
☐ **I wish to be considered for transfer credit from this college.** ☐ **I do not want transfer credit from this college.**

COLLEGE NAME _____ **ATTENDED** *from* _____ *to* _____
☐ **I wish to be considered for transfer credit from this college.** ☐ **I do not want transfer credit from this college.**

COLLEGE NAME _____ **ATTENDED** *from* _____ *to* _____
☐ **I wish to be considered for transfer credit from this college.** ☐ **I do not want transfer credit from this college.**

DID YOU RECEIVE A DEGREE? ☐ **Yes** ☐ **No** **If yes, what type of degree** _____

COLLEGE NAME _____ **Degree Received on** _____

_____
STUDENT SIGNATURE **DATE**

SECTION B: TO COMPLETED BY OFFICE OF REGISTRATION

OFFICE OF FISCAL AFFAIRS
Student is in good standing*: ☐ **Yes** ☐ **No** **Reason:** _____

***students who owe a balance to the college or are in default of student loans will be denied admission**

Fiscal Affairs Representative signature

REGISTRATION SERVICES
Official transcripts on file: High School: ☐ **Yes** ☐ **No** **College(s):** ☐ **Yes** ☐ **No** ☐ **N/A**

Are there conditions to the students readmittance: ☐ **Yes** ☐ **No**

Condition:	**Condition Met?**
1) _____	☐ **Yes** ☐ **No**
2) _____	☐ **Yes** ☐ **No**
3) _____	☐ **Yes** ☐ **No**
4) _____	☐ **Yes** ☐ **No**

(attach additional conditions or documentation as needed)

_____
Exec. Director of Registration Services **Date**

☐ Letter Sent ☐ File Activated ☐ Withdrawn Date Removed ☐ Transfer Evaluation completed ☐ New POS ☐ Registered