

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 ☐ Industrial 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