Eligibility
Checklist
Policies
Application

Academic Advising &
Registration Office
Yamasaki Bldg. 1st FL.
Room #A100
313.664.7672/7401

Revised – 06/09
ELIGIBILITY FOR NEW YORK STUDIO PROGRAM

- You must be enrolled as a 3rd or 4th year student.
- Your college G.P.A. must be 2.70 or higher.
- Suspension and probation students are not eligible.
- You must have been enrolled at CCS within the past four semesters.
- You must have the written approval and recommendation of your department chairperson.
- You must read and complete the New York Studio Program Application and Checklist attached to this packet and then schedule an appointment with the Mobility Coordinator in the Academic Advising and Registration Office. You can make an appointment by calling 313-664-7672 or coming into the office.
- You must submit your completed application to the Mobility Coordinator by the following deadline:

  **Fall Term: March 26**  
  **Winter Term: October 20**
NEW YORK STUDIO PROGRAM CHECKLIST

☐ **Read** the entire New York Studio Program Application and materials!

☐ **Complete** the Application Form, Student Health Forms and the Registration Form. Signatures from your Department Chairperson and the Academic Dean must be included.

☐ **Complete** the TRANSFER PRE-APPROVAL FORM. All studio courses to be taken at the Host Institution must be approved by the respective Department Chair and be placed into your CCS curriculum.

☐ You must include two Recommendation Forms or Letters of Recommendation from your Department Chair and/or a CCS faculty instructor.

☐ You must include a Statement of Purpose. Be sure that all words are spelled correctly and all sentences are grammatically correct. The Director of the Student Success Center can assist you. Call 313-664-7680 to schedule an appointment.

☐ **Official** transcripts must be included. Request them from the Registration Office. There is no cost if you are requesting them for the New York Studio Program. Please allow at least one week for processing.

☐ Make an appointment with the Mobility Coordinator in the Academic Advising and Registration Office at least one week prior to CCS Mobility Application Deadline. (Fall: March 26    Winter: October 20)

When you have been accepted to the Host Institution, you agree to:
Make the initial tuition payment at CCS.
Register for New York Studio at CCS. Course code is (Dept. Code) 505.
Have your transcripts sent to CCS from UVA upon completion of the mobility semester.

-------------------------------------------
TO BE CHECKED OFF BY THE MOBILITY COORDINATOR:

☐ Completed Application
☐ Letter from Mobility/NYSP Coordinator is included
☐ Official transcripts are included
☐ Envelope is addressed with label
☐ Transfer Course Approval Form distributed.
☐ Three copies of NYSP Packet and materials are on file
new york studio program application form

PRINT, FILL OUT, SIGN AND MAIL TO:
AICAD | NEW YORK STUDIO PROGRAM
20 JAY STREET  SUITE M10
BROOKLYN, NY 11201-8356

LAST NAME ___________________  FIRST NAME ___________________  MIDDLE INITIAL ______

SOCIAL SECURITY # __________  DATE OF BIRTH mm dd yy  FEMALE □  MALE □

PERMANENT HOME ADDRESS
Number & Street _______________  Apartment # _______________  City _______________
State/Province _______________  Zip/Postal Code _______________

Country _______________  Telephone # with Area Code _______________  E-Mail Address _______________

CURRENT HOME ADDRESS
Number & Street _______________  Apartment # _______________  City _______________
State/Province _______________  Zip/Postal Code _______________

Country _______________  Telephone # with Area Code _______________  Mobile Telephone # with Area Code
Address Valid Until What Date?

COUNTRY OF BIRTH ______  COUNTRY/COUNTRIES OF CITIZENSHIP ______

COLLEGE CURRENTLY ATTENDING ______  AREA OF STUDY / MAJOR ______  YEAR / LEVEL ______ while attending NYSP

OPTIONS I wish to attend the New York Studio Program in the Option I have checked

INDEPENDENT STUDIO □  INTERNSHIP □

After filling out the Application, go to the APPLICATION CHECKLIST page to see what to submit with it.

SIGNATURES

Applicant ___________________  Date _______________

Department Head Approval ___________________  Date _______________

Dean/Advisor/Mobility Coordinator Approval ___________________  Date _______________

AICAD/NEW YORK STUDIO PROGRAM
EMAIL nysp@aicad.org  TEL. 718. 852. 0173  INTERNET nysp.aicad.org
FAX 718. 852. 0315
new york studio program registration form

Last Name
First Name
M.I.

Social Security Number
Birth Date (Month/Day/Year)

- [ ] I have previously taken a class at SVA
- [ ] This is a change of address
- [ ] M
- [ ] F

Gender

Street Address
Apt

City
State
Country
Zip/Postal Code

Home Telephone
Alternative Telephone

E-mail

☐ Fall Term Year ________  ☐ Spring Term Year ________

<table>
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<tr>
<th>INDEPENDENT STUDIO TRACK</th>
<th>course number</th>
<th>title</th>
<th>credits</th>
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<td>☐ NYS-4010-A</td>
<td>NYS ART SEMINAR</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

office use only
Date/Time received:
Information Verified by:
Student ID number:
Registered by:
Confirmation number:
Receipt number:

DEMOGRAPHIC INFORMATION - VOLUNTARY
- [ ] African-American
- [ ] Hispanic
- [ ] Asian/Pacific Islander
- [ ] White/Non-Hispanic
- [ ] Native American/Alaskan
- [ ] Other

DO NOT NEGLECT TO CHECK THE BOXES IN THE PERTINENT CHOICE OF OPTION
FERPA disclosure form

This form serves as your instructions to SVA regarding the handling of your information. Please sign and date each line as appropriate, indicating that you have read the preceding statements to indicate your instructions to SVA.

1. DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that SVA, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your education records. However, SVA may disclose certain basic “Directory Information” that is generally not considered harmful or an invasion of privacy without your consent, to outside third-party organizations. Such outside organizations include, but are not limited to, federal and state agencies offering jobs and educational benefits, potential employers, insurance agencies and financial institutions. In addition, two federal laws require SVA to provide military recruiters, upon request, with your name, addresses and telephone number, unless you have advised us that you do not want your information disclosed without prior written consent.

“Directory Information” is defined by SVA as: student name, address, telephone number, email address, major field of study, enrollment status (undergraduate or graduate, full- or part-time), dates of attendance, degree(s) conferred (including dates).

If you do not want your Directory Information disclosed without your consent, you may choose to opt-out by notifying SVA using this written form. Please consider very carefully the consequences of any decision by you to withhold Directory Information. If you inform the Registrar’s Office not to release Directory Information, all future requests for such information from non-institutional persons or third-party organizations will be refused. SVA will honor your request to withhold Directory Information but cannot assume responsibility to contact you for subsequent permission to release it. Regardless of the effect upon you, SVA assumes no liability for honoring your instructions that information be withheld.

If you wish to change your restrictions on disclosure of Directory Information, a new form must be filed with the Registrar’s Office.

I understand that, under FERPA guidelines, SVA ordinarily may disclose basic information about me as “Directory Information.”

I request that SVA not release my Directory Information. I understand that upon submission of this written request, Directory Information pertaining to me cannot be released to third parties (including potential employers, insurance agencies, financial institutions, etc.) apart from my written consent. I understand that, among other things, this means no office or faculty member can release any status information or other Directory Information. Should I desire to have the information re-designated as unrestricted Directory Information, that I must notify the SVA Registrar’s Office of this intent in writing, or by filing a new form with the Registrar’s Office.

2. EDUCATIONAL RECORDS

I am  □  Considered dependent on my parents according to IRS tax code of 1954, section 152
I am not □  (your parents claim you as a dependent on their income tax form 1040).

I consent to SVA releasing, or not, my educational records, i.e., grades, attendance, etc., and directory information to my parents or guardians as indicated below:

<table>
<thead>
<tr>
<th>ACTION</th>
<th>CHECK ONE</th>
<th>PARENT/GUARDIAN NAME (PLEASE PRINT)</th>
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<tbody>
<tr>
<td>Release to both Parents/guardians</td>
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<tr>
<td>Release to father only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release to mother only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release to Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do Not Release</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I, □  Considered dependent on my parents according to IRS tax code of 1954, section 152

I request that SVA not release my Directory Information. I understand that upon submission of this written request, Directory Information pertaining to me cannot be released to third parties (including potential employers, insurance agencies, financial institutions, etc.) apart from my written consent. I understand that, among other things, this means no office or faculty member can release any status information or other Directory Information. Should I desire to have the information re-designated as unrestricted Directory Information, that I must notify the SVA Registrar’s Office of this intent in writing, or by filing a new form with the Registrar’s Office.
SVA Student Health Form

Before completing, please read Instructions for Completing the SVA Student Health Form on the other side of this paper. Students will not be allowed to register for or attend classes until our office has received and processed their completed SVA Student Health Form.

Step 1: Meningitis Response  (MUST BE COMPLETED BY STUDENT?)

LAST NAME  FIRST NAME  MIDDLE NAME  DATE OF BIRTH (MONTH/DAY/YEAR)

SVA STUDENT ID OR SOCIAL SECURITY NUMBER  PHONE NUMBER  E-MAIL ADDRESS

Check one box and sign below: Please note this vaccination is not required. Before completing this section please visit this link to obtain information regarding Meningitis: www.health.state.ny.us/diseases/communicable/meningococcal.htm

☐ I have received the meningococcal (Meningitis) immunization (Menomune™ or Menactra™) within the past 10 years. Must include date of immunization: _____/_____/______

OR

☐ I have reviewed the information provided to me regarding Meningococcal Disease (Meningitis). I have decided that I (my child) will not obtain immunization against Meningococcal Disease at this time.

STUDENT’S SIGNATURE  MONTH/DAY/YEAR

PARENT’S OR GUARDIAN’S SIGNATURE  (required only for students under the age of 18)  MONTH/DAY/YEAR

Step 2: Measles, Mumps, Rubella  (SECTIONS A, B, C AND SECTION D MUST BE COMPLETED BY A HEALTH CARE PROVIDER OR SCHOOL OFFICIAL)

- Students are required to submit proof of immunity to Measles, Mumps and Rubella either with documentation of at least 2 Measles, 1 Mumps and 1 Rubella vaccine or serological titers that indicate immunity and a signed lab report.

☐ MMR Vaccination:
  - First Dose: _____/_____/______  Second Dose: _____/_____/______

OR

- Measles: _____/_____/______  Mumps: _____/_____/______  Rubella: _____/_____/______

☐ Serological Titers:
  - Measles: _____/_____/______  Result: __________________
  - Mumps: _____/_____/______  Result: __________________
  - Rubella: _____/_____/______  Result: __________________

- All vaccines must be received on or after the student’s 1st birthday (12 months or older).
- All vaccines must be at least 30 days apart.

Proof of immunity will not be accepted without signature and stamp, seal or business card verifying Step 2.

HEALTH CARE PROVIDER OR SCHOOL OFFICIAL NAME AND TITLE

HEALTH CARE PROVIDER OR SCHOOL OFFICIAL SIGNATURE  DATE

Return this form with the Application materials to:
AICAD / New York Studio Program
20 Jay St., Suite M10, Brooklyn, NY 11201
Questions about the Form? Call 212.592.2246.
Instructions for Completing the SVA Student Health Form

There is no deadline to submit this Form, however, you will be unable to register for classes until we receive the Form and can verify that you are in compliance with all of the New York State immunization requirements.

Before you send the SVA Student Health Form please read Steps 1 or 2 and make sure that everything is complete. You must submit this Form in order to register for classes. No exceptions will be made. Before you send the Form to us, please make a copy for your records. (We are not responsible for misdirected or un delivered documents.)

Step 1: Meningitis Response
You must complete all of the information requested in this section.

This vaccine is not required, but we are required by New York State Public Health Law 2167 to notify students about Meningococcal Disease (Meningitis). Please visit the following link to obtain information regarding Meningitis: www.health.state.ny.us/diseases/communicable/ meningococcal.htm. This Form will not be accepted and you will not be able to register until you select one of the two options, sign and date. If a student is under the age of 18 both the student’s and the parent’s signature are required.

Step 2: Measles, Mumps, Rubella
This section must be completed by a health care provider or school official. Depending upon the way that you prove immunity, Section A or Section B or Section C must be completed. This Form will not be accepted without the signature and stamp, seal or business card from your health care provider or school official in Section D. New York State Public Health Law 2165, requires that all students born on or after January 1, 1957 prove immunity to Measles, Mumps and Rubella. All vaccinations must be on or after the student’s first birthday. All vaccines must be received at least 30 days apart. Students are required to submit proof of immunity to Measles, Mumps and Rubella either with documentation of at least 2 Measles, 1 Mumps and 1 Rubella or serological titers and lab report signed by the health care provider.

Exemptions From Step 2: Measles, Mumps, Rubella
All students in these categories must complete Step 1.

1. Age Exemption:
   Students born before January 1, 1957 are age exempt. Please submit your Form with a copy of your driver’s license, birth certificate, or passport to prove that you are age exempt.

2. Medical Exemption:
   Students who are medically exempt must submit a statement from their health care provider specifying which vaccine product should not be administered and how long the contraindication will last. The statement must include a future date when the medical exemption may no longer apply. These exemptions are subject to the approval of the Department of Health.

3. Religious Exemption:
   Students are required to submit a statement of genuine and sincere religious (not philosophical) beliefs contrary to the practice of immunization. Supporting documentation on letterhead from a person of authority in your place of worship is also required.

Frequently Asked Questions

I think I received the vaccinations but I can’t contact my pediatrician. How can I prove immunity?
1. Please contact the school you most recently attended. If they have records on school letterhead that document the dates you received the vaccinations (2 Measles, 1 Mumps and 1 Rubella) we will accept a copy (with the school stamp and personnel signature) as official proof. You are still required to submit the SVA Student Health Form with all of Step 1 completed.
2. Contact your health care provider to have serological titers (blood test) for immunity to Measles, Mumps and Rubella. You must send a copy of the lab report signed by the ordering provider, along with the completed SVA Student Health Form indicating the dates that you had the titers performed in Step 2 Section C. Section D must also be completed.

Do I need to get a physical exam to attend SVA?
We recommend but do not require that you have a physical before coming to SVA and we strongly suggest that you discuss the following vaccines with your health care provider: Tetanus/Diphtheria, Hepatitis A, Hepatitis B, HPV, and Varicella. Students should also discuss being screened for Tuberculosis with a PPD test.

Where can I go to get the MMR (combined Measles, Mumps, Rubella) vaccine?
1. If you live outside of the New York City area, contact your health care provider, school or local health department (most health departments offer the vaccine for free).
2. The New York City Department of Health offers the MMR vaccine for free at the Dr. Leona Baumgartner Center in Chelsea. They are located at 303 9th Ave (W 28th Street), 1st Floor. The vaccine is available Monday, Tuesday, Thursday and Friday from 8:30am – 2:30pm.
health insurance fee waiver form

VALID FOR THE 2008 – 2009 ACADEMIC YEAR ONLY

PLEASE NOTE THIS IMPORTANT INFORMATION: This form must be completed and returned by the stated New York Studio Program deadline for the semester for which the student has applied. Failure to successfully submit a waiver will result in automatic enrollment in the SVA-sponsored insurance for which the student will be billed by SVA. This form is not valid without a completed Staff Confirmation. Students must retain a copy of this form as proof that they have completed the waiver.

I certify by this waiver that I have health insurance coverage which meets the following requirements:
• My insurance includes coverage for sickness, and is not limited to accident and travel coverage only.
• My plan offers coverage for at least $100,000 of necessary medical expenses per policy year.
• My plan provides coverage for medically necessary care in the New York City area.

MY INSURANCE MEETS THE ABOVE REQUIREMENTS AND I DO NOT WANT THE SVA-SPONSORED INSURANCE.

(print) Last Name  First Name  M.I.

Birth Date (Month/Day/Year)  SVA Student ID #

☐ I have read and understood the above. I am covered by insurance that can be used in New York. I have contacted my insurance company for a list of local providers and changed my preferred provider if necessary.

I WISH TO WAIVE THE SVA-SPONSORED HEALTH INSURANCE FEE AND I CERTIFY THAT I AM INSURED BY:

Insurance Company Name

Insurance Company Website  Insurance Company Phone #

Policy Holder’s Name  Policy Number

Policy Holder’s ID #

Student Signature  Date

STUDENT HEALTH AND COUNSELING SERVICES STAFF CONFIRMATION

Staff Signature  Date Received

Staff Name  Date Effective
DEAR RECOMMENDING COLLEAGUE,

This form has been designed to facilitate your recommendation of the student chosen to participate in the coming semester of the New York Studio Program. Since the Program does not select the student and accepts the student your institution chooses, the recommendation serves to support your choice and, more importantly, to give the NYSP a better picture of the character, abilities and purpose of the student.

This recommendation is entirely confidential; therefore, we would appreciate a frank appraisal of the applicant.

You need use no other recommendation letter or form.

Enclosed is an article describing the New York Studio Program, and a description of the type of student we hope will come to be a part of the Program. Both are included to guide you.

Please submit this completed form to whomever is responsible in your college for sending it on with the student's application materials. Thank you.

This is a recommendation for ___________________________ to attend the New York Studio Program.

I have known the applicant ___________________________ in my capacity as ___________________________.

In my view of the applicant's artistic skills and creative abilities, I would give the following rating:

☐ Highest promise or potential ☐ Great promise or potential ☐ Promise or potential

I would rate the applicant's ability to verbalize ideas and concepts as follows:

1 (HIGH) 2 3 4 5 (LOW) 6 (CAN'T EVALUATE)

I would rate the applicant's openness to new ideas and concepts as follows:

1 2 3 4 5 6

I would rate the applicant's ability to work independently but still be willing to be a positive contributing member of a group in a close and intense creative environment as follows:

1 2 3 4 5 6

I would rate the applicant's work habits in the chosen field of study as follows:

1 2 3 4 5 6

I would rate the applicant's knowledge and appreciation of art and design history as follows:

a. WORLD ART HISTORY 1 2 3 4 5 6
b. WORLD DESIGN HISTORY 1 2 3 4 5 6
c. MODERNISM 1 2 3 4 5 6
d. CONTEMPORARY ART 1 2 3 4 5 6
e. CONTEMPORARY DESIGN 1 2 3 4 5 6

You may use the reverse side for additional comments. Thank you for this evaluation. It will be most helpful in our educational process and in governing the dynamic of the group.

NAME ___________________________ SIGNATURE ___________________________

TITLE ___________________________ DATE ___________________________
digital equipment at the new york studio program

There is a Computer Room at the New York Studio Program which has a pre-Intel PowerMac G5 computer with 4GB of RAM, with Adobe CS3 Photoshop, Illustrator, Flash, After Effects and Indesign, and Final Cut Pro. It has a 1TB external hard drive for temporary storage, but not for large individual video files. There are 2 HP inkjet printers. There is a Canon scanner. There is also an iMAC G5 for word processing, email and casual internet use. Both computers are online and the whole facility has WiFi. With 20 students using the computers, we urge you to bring a laptop computer with software as well as an external hard drive and other hardware and software for your own projects and internet use. If you use a camcorder and/or camera primarily in your work, we urge you to bring your own. Although the NYSP has two digital projectors for use in the seminars, if you use one in your work or plan to do so, we urge you to bring your own. Please do not expect the NYSP to be as well-equipped as your school. Come prepared to be resourceful.

about fees for school of visual arts facility use

Although you will be registered as a visiting student of the School of Visual Arts, it is important to remember that you remain an enrolled student in your home institution attending the New York Studio Program in that capacity. You will have an SVA photo ID but you will not be an SVA student. That means that your credits and grades will be assigned by the New York Studio Program and transferred to your school at the end of the semester. You will have access to many resources at the School of Visual Arts, but it will be limited or accessible with fees. Basic free access will be to the library, student services and the health clinic. Use of the several of the SVA facilities will require registering for the use with SVA and will carry fees some of which will be covered by your New York Studio Program Studio Fee. It is important to remember that SVA, on the east side of Manhattan, is not near the New York Studio Program and lab/workshop may be inconvenient. It is for that reason that we advise students coming to the New York Studio Program as photography majors or wanting to use the photography facilities at SVA to bring their own equipment or plan to pay fees. You will see above that the New York Studio Program has computers and software available for use but that you are urged to bring your own equipment primary to your studio practice.
Here is a list of facility use and fees for access at the School of Visual Arts:

**Digital Imaging Lab Access $500**
Access is available during hours that do not conflict with ongoing courses. Register and pay fee with SVA Registrar Jon Todd at 209 East 23rd Street. Bring ID.

**Large Format Digital Printing**
Prices per print are posted in the facility and are very competitive with commercial shops. 209 East 23rd Street, Room 602 • Hours and personnel info available from NYSP Director. The NYSP Studio Fee of $200. will cover any final print or prints whose total amount is $200. or less. Ask the NYSP Director for a check. Bring ID.

**Photography Darkroom Use $250**
Access is available during hours that do not conflict with ongoing courses. Register and pay fee with SVA Registrar Jon Todd at 209 East 23rd Street. Fee will be paid from the NYSP Studio Fee. Ask the NYSP Director for a check. Bring ID.

**Specialized Computer Use $500**
This is for students who want to use the Computer Art Department’s Macintosh or PC computers in order to work on their own projects without the guidance of a faculty member. Students are expected to have a full working knowledge of both the software and hardware they will be using. Permission of the Computer Art Department chair is required. Call 212.592.2251.

**Printmaking Workshop Access $225**
Undergraduate students not enrolled in a printmaking course and who would like to use the printshop facilities to work independently must register for Printmaking Workshop Access. Prerequisite: Two semesters of printmaking or permission from the printmaking coordinator. Access is available during printshop hours that do not conflict with ongoing courses.
Register and pay fee with SVA Registrar Jon Todd at 209 East 23rd Street. Fee will be paid from the NYSP Studio Fee. Ask the NYSP Director for a check. Bring ID.

**Sculpture Center Access $200**
For undergraduate students who want access to the Sculpture Center. Students will work independently. Prerequisite: Two semesters of sculpture or permission from the Sculpture Center manager. Note: Access is available during Sculpture Center hours that do not conflict with ongoing classes.
Register and pay fee with SVA Registrar Jon Todd at 209 East 23rd Street. Fee will be paid from the NYSP Studio Fee. Ask the NYSP Director for a check. Bring ID.
send the following items with your application

<table>
<thead>
<tr>
<th>ALL APPLICANTS</th>
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<tbody>
<tr>
<td>• APPLICATION completed and signed by the applicant, department head and dean, advisor or mobility coordinator.</td>
</tr>
<tr>
<td>• SVA REGISTRATION FORM completed and signed by the applicant. Don’t forget to check the appropriate boxes and sign your name.</td>
</tr>
<tr>
<td>• SVA STUDENT HEALTH FORM follow instructions for filling out this form.</td>
</tr>
<tr>
<td>• HEALTH INSURANCE FEE WAIVER FORM if the applicant has health insurance and will have it while attending the Program. If the applicant has no health insurance he or she will be automatically enrolled in the SVA-sponsored insurance program and be billed. Go to <a href="http://www.sva.edu/aetna">www.sva.edu/aetna</a> for details.</td>
</tr>
<tr>
<td>• FERPA DISCLOSURE FORM</td>
</tr>
<tr>
<td>• ACADEMIC TRANSCRIPT from the applicant’s home institution.</td>
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<tr>
<th>INDEPENDENT STUDIO APPLICANTS ONLY</th>
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<tr>
<td>• RECOMMENDATION LETTERS OR FORMS from 2 faculty or professionals.</td>
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<tr>
<td>• STATEMENT OF PURPOSE indicating the applicant’s personal and creative/professional reasons for attending the New York Studio Program.</td>
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<tr>
<th>INTERNSHIP APPLICANTS ONLY</th>
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<tr>
<td>• PROFESSIONAL RESUME of previous work experience if any.</td>
</tr>
<tr>
<td>• STATEMENT explaining what applicant hopes to accomplish and learn in an internship, adding a description of his/her particular skills and abilities.</td>
</tr>
<tr>
<td>• TWO LETTERS OF RECOMMENDATION supporting the applicant’s plan and attesting to his/her creative commitment, maturity and readiness to undertake an internship, living in a challenging environment and working with professionals.</td>
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<tr>
<td>• LIST OF PROSPECTIVE EMPLOYERS OR FIELDS OF INTERNSHIP</td>
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<th>BRING THE FOLLOWING ITEMS ON THE FIRST DAY</th>
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**FEES**
- $200 (US) STUDIO FEE ($100 (US) for Internship applicants) cash or check payable to A.I.C.A.D. used for payment of some SVA lab or workshop fees, Program events and some city trips, exhibition extras & refreshments. It will also be used for damage and loss of Program facilities and equipment. It is not refundable.

**VISUAL MATERIALS**
- **CD-ROMs, DVDs, FLASH DRIVES** for presentation in Preview, Powerpoint, Keynote, QuickTime, iDVD, Windows Media, etc. Applicants may also project a personal website with the facility WiFi and digital media projector. Please note that we have phased out slide presentations. Do not send these items with your application but be sure to bring them on the first day.
COLLEGE FOR CREATIVE STUDIES
TRANSFER STUDIO CREDIT APPROVAL FORM
YOU MUST HAVE THE DEPARTMENT CHAIR SIGN THIS FORM

DATE:__________________________

STUDENT NAME:____________________________________ SS# or ID#:__________________________

THE COLLEGE/UNIVERSITY YOU PLAN TO ATTEND: ____________________________________________

THE SEMESTER YOU PLAN TO REGISTER FOR: _________________________________________________

**NOTE-INCLUDE COURSE DESCRIPTION FROM COLLEGE CATALOG WITH THIS FORM.

LIST THE COURSES YOU PLAN TO REGISTER FOR:

OTHER INSTITUTION COURSE CODE - COURSE TITLE - NO# OF CREDITS

[1]________________________________________

[2]________________________________________

[3]________________________________________

[4]________________________________________

[5]________________________________________

[6]________________________________________

OFFICE USE ONLY

TO BE FILLED OUT BY THE DEPARTMENT CHAIR, OR MOBILITY COORDINATOR

COLLEGE FOR CREATIVE STUDIES COURSE PLACEMENT OF THE ABOVE COURSES:

CCS COURSE CODE - COURSE TITLE - NO# OF CREDITS

[1]________________________________________

[2]________________________________________

[3]________________________________________

[4]________________________________________

[5]________________________________________

[6]________________________________________

DEPARTMENT CHAIR’S SIGNATURE   DATE__________________________ MOBILITY COORDINATOR’S SIGNATURE   DATE__________________________

**Note - For Studio Courses or Particular Liberal Arts Courses this form goes to the Department Chair.
For Mobility Courses this form goes to Mobility Coordinator.

***Note - You must complete course with a 2.0 or better in order to transfer.
COLLEGE FOR CREATIVE STUDIES
TRANSFER LIBERAL ARTS CREDIT APPROVAL FORM
YOU MUST HAVE THE DEPARTMENT CHAIR SIGN THIS FORM

DATE: __________________________

STUDENT NAME: __________________________ SS# or ID#: __________________________

THE COLLEGE/UNIVERSITY YOU PLAN TO ATTEND: __________________________

THE SEMESTER YOU PLAN TO REGISTER FOR: __________________________

**NOTE: INCLUDE COURSE DESCRIPTION FROM COLLEGE CATALOG WITH THIS FORM.**

LIST THE COURSES YOU PLAN TO REGISTER FOR:

OTHER INSTITUTION COURSE CODE - COURSE TITLE - NO# OF CREDITS

[1] __________________________

[2] __________________________

[3] __________________________

[4] __________________________

[5] __________________________

[6] __________________________

OFFICE USE ONLY

TO BE FILLED OUT BY THE DEPARTMENT CHAIR, OR MOBILITY COORDINATOR

COLLEGE FOR CREATIVE STUDIES COURSE PLACEMENT OF THE ABOVE COURSES:

CCS COURSE CODE - COURSE TITLE - NO# OF CREDITS

[1] __________________________

[2] __________________________

[3] __________________________

[4] __________________________

[5] __________________________

[6] __________________________

DEPARTMENT CHAIR’S SIGNATURE DATE __________________________ MOBILITY COORDINATOR’S SIGNATURE DATE __________________________

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COLLEGE FOR CREATIVE STUDIES
TRANSCRIPT REQUEST

Name ______________________________________  Social Security #____________________

Current Address ________________________________________________________________

Home Phone ________________________  Work Phone ______________________________

Other Name(s) Academic Records Could Be Under ______________________________________

Address while Attending CCS

____________________________________________________________________________

Dates Attended CCS _______________________ Date of Graduation (If Any) ________________

Department/Major (If Any)

____________________________________________________________________________

Please release my transcripts to the Person/Institution named below. I understand that there is a charge per copy due at the time of the request. I further understand that it is my responsibility to provide CCS with the complete and accurate address of the recipient of the transcript.

Student’s Signature/Date ________________________________

Send to:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Registration Office Use

☐ Holds _____________  Date Received ___________

FEE WAIVED FOR MOBILITY