

Application

CERTIFICATE PROGRAM

\$25 application fee (non-refundable) Furniture Making Certificate Program (Waived)

Cash Check Credit Card # _____

Exp. Date _____ CVD# _____ Billing Address _____

SIGNATURE _____

Full name _____

Address _____

City _____ State _____ Zip _____

Phone Number (H) _____ (W) _____ ext _____ (Cell) _____

E-Mail Address _____

Gender: Male Female Date of Birth _____

In order to provide for the safety of students under the legal age of 18, we are legally required to obtain the following information from all students enrolled in Continuing Education classes. We appreciate your understanding.

Required Signature(s): By signing this registration form I have read and disclosed the required information.

Have you ever been disciplined by a student or faculty judicial board for misconduct, or have you been arrested for or convicted of a crime that has not been annulled by a court, including sex-related or child abuse offenses? Yes No

If yes, please explain: _____

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT OR GUARDIAN _____

if person registering is under the legal age of 18.

PROGRAM (CHECK ONE):

Ceramics Furniture Making Interior Design Painting Photography

EDUCATION

Please list all schools/colleges and dates attended (m/yr). Indicate any graduation dates:

School/College: _____ Dates Attended: _____ Degree/Yr. Graduated: _____

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PERSONAL STATEMENT See reverse side of this application.

THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MATERIAL SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE NEW HAMPSHIRE INSTITUTE OF ART AND WILL NOT BE RELEASED TO ANOTHER PARTY WITHOUT MY PERMISSION.

SIGNATURE: _____ DATE: _____

