



Application and Guidelines for Part-Time Non-Matriculated Students

The University of the Arts
320 South Broad Street
Philadelphia, PA 19102-9762
Telephone: 215-717-6420
Fax: 215-717-6417
www.uarts.edu
Form last updated 4/21/08

Instructions

Instructions for completing and submitting an Application for Part-time Non-matriculated study at The University of the Arts.

Review all enclosed materials carefully and direct all inquiries to the Office of the Registrar at 215-717-6420.

1. Select a course or courses that you wish to apply for from the UArts Course bulletin.
2. Complete the application form in full.
3. Request official transcripts from your high school or any colleges attended to be sent to the Office of the Registrar at the above address (hand delivered copies must be sealed).
4. Contact the Director/Chair of the department that offers the course you wish to take and obtain approval to enroll.

5. Come in person on the first day of classes with the completed application to:
Office of the Registrar:
The University of the Arts
320 S. Broad Street, Rm. 230
Philadelphia, PA 19102

Acceptance into a course is contingent upon the approval of the Director/Chair of the Department that is offering the course, and the availability of space in that course.

The Director/Chair of the department reserves the right to interview the applicant and/or review a student's portfolio prior to approval.

Once this process is completed and all required documents are on file, the Registrar will make the final determination regarding the student's application and will contact the student with the decision.

The University of the Arts gives equal consideration to all applicants for admission and financial aid regardless of race, color, sex, religion, national or ethnic origin, or disability. Direct inquiries to the Office of the Dean of Students/ADA Coordinator, The University of the Arts, 320 South Broad Street, Philadelphia, PA 19102; 215-717-6613.

Now Applying For: Semester ___ Year ___ Have you previously applied for admission? Yes No If Yes, term and year:

PERSONAL INFORMATION

Name (last): _____ (first): _____ (middle): _____

Social Security # _____ Ethnicity (optional): _____ If transcripts are listed under another name, please specify:

Permanent Address: _____ City: _____ State: _____ Zip: _____

Day Telephone: _____ Evening Telephone: _____ Fax: _____ Email: _____

Date of Birth: _____ Male Female Emergency Contact: _____ Relation: _____ Telephone: _____

Educational Background: Name of High school _____

City: _____ State: _____ Zip: _____ Year of Graduation: _____

List below any College or University which you have attended or are now attending.

Name of Colleges(s) or University(s)	City	State	Dates Attended	Degree(s) Earned
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

(Please check the program(s) in which you are interested)

- College of Art and Design College of Media and Communication Liberal Arts College of Performing Arts (Summer World of Dance only)

List the information for the course(s) you wish to enroll:

Course Number and Section	Course Title	Credits	Signature of Department Director/Chair & Date	Signature of Registrar & Date
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

The answers I have provided to the questions on this application are complete and true. I understand that misrepresentation or omission of information on this application and/or my credentials may cause refusal or cancellation of admission.

Signature of Student Date

Return this application and all additional materials to:

Office of the Registrar
The University of the Arts
320 S. Broad Street
Philadelphia, PA 19102
215-717-6420 Telephone
215-7176417 Fax

FOR OFFICE USE ONLY	
<input type="checkbox"/> Application Complete, Date: _____	
<input type="checkbox"/> Transcripts Received, Date: _____	
To be completed by Registrar	
<input type="checkbox"/> Interview Req'd., Date/Time: _____	<input type="checkbox"/> Waived
<input type="checkbox"/> Portfolio Review, Date/Time: _____	<input type="checkbox"/> Waived
<input type="checkbox"/> Admitted, date: _____	<input type="checkbox"/> NA