

# school of fashion design

Part-time Application

I hereby apply for part time enrollment in the School of Fashion Design Continuing Education program, commencing in

Semester \_\_\_\_ September \_\_\_\_ January \_\_\_\_ June \_\_\_\_ Year \_\_\_\_\_

I would prefer to take classes (*if available*) \_\_\_\_ Days \_\_\_\_ Evenings \_\_\_\_ Saturdays

I plan to apply these courses toward an SFD certificate. (*non-binding, you may change decision*)

\_\_\_\_ Yes \_\_\_\_ No

Please enter name, day and time for each of the courses you are applying for.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Street Address \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, country of citizenship \_\_\_\_\_

Emergency Contact:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Previous Education:

Name of High School \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_

Have you requested your high school (or college) transcript be sent immediately and directly to SFD? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your High School have a fashion program or fashion club? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, contact name \_\_\_\_\_

Name of College or University (*if applicable*)

Name of High School \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_

Program of study \_\_\_\_\_

Degree obtained \_\_\_\_\_ Bachelor \_\_\_\_\_ Masters

\_\_\_\_\_ Completed some college \_\_\_\_\_ Currently still attending

Employment record (*if applicable*)

Employer \_\_\_\_\_

Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Please help us by answering the following important questions:

How did you hear about the School of Fashion Design?

\_\_\_\_\_ Online \_\_\_\_\_ Walking on Newbury Street \_\_\_\_\_ Word of mouth

\_\_\_\_\_ I am a returning student Other

If online, please specify: Google, Facebook, or other. \_\_\_\_\_

If word of mouth, Whom may we thank for this referral? \_\_\_\_\_

If returning student, last year attended. \_\_\_\_\_

If other, please specify \_\_\_\_\_

I understand that the part-time application fee and tuition is for a specific curriculum and for a specific term (as indicated on this form), and that it is NOT refundable or transferable to any other curriculum or any other term.

I understand that total tuition must be paid before the first class (Sep. 1, Jan. 1, or June 1).

I understand that required supplies are an additional cost, and my own responsibility (list will be sent with billing).

By submitting this form you agree that you have read all the contents above.

Signature of student at least 21 years old; otherwise,  
of the person responsible for payment of all charges.

\_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

This application, and Part-time Application Fee of \$30.00 may be mailed to:

School of Fashion Design  
136 Newbury Street, Boston MA 02116  
Attention: Admissions