

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