

# APPLICATION for PROGRAM ADMISSION

**Paier College of Art  
Incorporated**

20 Gorham Avenue  
Hamden, Connecticut 06514  
(203) 287-3031  
www.paiercollegeofart.edu

(Please do not write in this space)

Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Fee \_\_\_\_\_

Applying for  
entrance in:

Fall 20 \_\_\_\_\_

Spring 20 \_\_\_\_\_

Name:

First (please print or type)

Middle

Maiden

Last

Mailing Address:

Number & Street

City

State

ZIP Code

E-mail Address

Telephone:

Home: Area Code

Number

Cell Phone: Area Code

Number

Date of Birth:

Month

Day

Year

Birthplace

Social Security Number

Citizen of:

(Country)

Do you hold a current visa?  Yes

No

If yes, indicate type

Parents/Guardian:

Father's Name

Address, if different from yours

Home: Area Code

Number

Business or Cell Phone: Area Code

Number

Mother's Name Address, if different from yours

Home: Area Code

Number

Business or Cell Phone: Area Code

Number

Guardian's Name

Address, if different from yours

Home: Area Code

Number

Business or Cell Phone: Area Code

Number

Spouse:

First

Middle

Maiden

Last

Home: Area Code

Number

Business or Cell Phone: Area Code

Number

Address, If different from yours

Major Interest:  
(Check one)

**Bachelor of Fine Arts Degree in:**

- Fine Arts     Graphic Design     Illustration     Interior Design     Photography

**Associate of Fine Arts Degree in:**

- Photography

**Diploma in:**

- Fine Arts     Graphic Design     Illustration     Interior Design     Photography

**Certificate Program in:**

- Graphic Production     Interior Design     Portrait & Figure Painting  
 Sharp Focus/Trompe L'Oeil Painting

**Undecided:**

Please indicate  
proposed sources  
of funds for your  
College expenses:

- Benefits     Loans     Federal     State     Self     Parents  
 Social Security     Spouse     Rehabilitation     Other: \_\_\_\_\_  
(specify)

Education:

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended from \_\_\_\_\_ to \_\_\_\_\_ Diploma  Yes  No

If no, please indicate: Equivalency Diploma (GED)  Yes  No \_\_\_\_\_

College/Post-Secondary \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates attended from \_\_\_\_\_ to \_\_\_\_\_  Diploma  Degree  Other

College/Post-Secondary \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates attended from \_\_\_\_\_ to \_\_\_\_\_  Diploma  Degree  Other

College/Post-Secondary \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates attended from \_\_\_\_\_ to \_\_\_\_\_  Diploma  Degree  Other

College/Post-Secondary \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates attended from \_\_\_\_\_ to \_\_\_\_\_  Diploma  Degree  Other

---

### Additional Information

List art related activities such as work, extra-curricular activities, private lessons, projects, exhibitions, etc.

---

---

---

---

---

---

---

---

Please indicate the reasons for your choice of study.

---

---

---

---

---

---

---

---

Do you need the College's help to locate housing?  Yes  No. If yes, what kind of accommodations?

Is there anything else you care to tell us about yourself?  Yes  No.

---

---

---

From what source did you learn of Paier College of Art?

- |                                       |   |   |  |                             |                                   |
|---------------------------------------|---|---|--|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Art Teacher  | <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Catalog          | <input type="checkbox"/> Professional Artist |                             |                                   |
| <input type="checkbox"/> Friend       | <input type="checkbox"/> Magazine           | <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Radio               | <input type="checkbox"/> TV | <input type="checkbox"/> InterNet |
| <input type="checkbox"/> Career Day   | <input type="checkbox"/> College Fair       | <input type="checkbox"/> Peterson's Guide | <input type="checkbox"/> Telephone Book      |                             |                                   |
| <input type="checkbox"/> Other: _____ |   |   |  |                             |                                   |
- (specify)

---

## TO ALL APPLICANTS:

Your application file will be incomplete and will not be considered until you:

1. Complete and submit this application with the \$25.00 non-refundable application fee.
2. Submit an official transcript) of grades from each school/college listed in the application.
3. Submit two letters of recommendation. One from an educator, or other professional who knows your creativity and art skills, the other recommendation should refer to your academic ability and other attributes (e.g., character, community interests, activities, etc.).
4. During your scheduled interview, submit a portfolio that represents original art including examples of interpretive and representational creations.
5. Submit the scores of either the SAT or ACT (if applying to a degree program.)
6. Arrange with the Admissions Office for a personal interview, or if too distant, consult for alternative arrangements.
7. Send the attached Measles/Mumps/Rubella/Varicella (MMRV) Immunization Request Form to the High School or the Post-Secondary School you last attended, or to your physician. Then have your MMRV Immunization Records sent to our Admissions Office.

---

## NOTICE:

The information below is optional. The Connecticut Department of Higher Education requires the College to identify all students by race/ethnicity. (Federal Register, Volume 72, Number 202).\*

Are you a Hispanic/Latino?  Yes  No.

If you answer no to the above question: Which best describes your race/ethnicity? (select one or more options)

- Alaskan Indian or Alaska Native                       Asian                       Black or African American  
 Native Hawaiian or Other Pacific Islander                       White

---

In consideration of the undertaking by Paier College of Art, Incorporated to process this application, the undersigned agrees that any information furnished to Paier College of Art, Incorporated, at any time and regardless of whether or not the candidate is accepted as a student at Paier College of Art, Incorporated, including all information and materials of any kind received by Paier College of Art, Incorporated from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone including the undersigned, except that an authorized official of Paier College of Art, Incorporated may in his/her discretion for official purposes, disclose all or any part thereof to such person or persons as he/she may deem advisable.

I hereby apply for admission to Paier College of Art, Incorporated and affirm that, to the best of my knowledge, the information supplied in this application is true.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's (Guardian's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicant is under legal age)

\*Paier College of Art admits students regardless of race, religion, gender, sexual orientation, disability, ethnic or cultural origination, and age to all the rights, privileges, programs, activities generally accorded to students of the College. Also, the College does not discriminate on the basis of the above characteristics in the administration of its educational policies, admissions policies, scholarships and loan programs, or any other College-administered programs.

---

# MEASLES/MUMPS/RUBELLA/VARICELLA (MMRV) IMMUNIZATION REQUIREMENTS

---

## Measles, Mumps, Rubella (German Measles), and Varicella (Chickenpox) Immunization Information

In order to minimize both the school and state-wide health impact of measles, the Connecticut Legislature passed SHB 7171 AAC Proof of Immunization Against Measles, Mumps, Rubella, and Varicella for Certain Persons at Institutions of Higher Education. This bill became effective July 1, 1989. This law states that if an individual was born after December 31, 1956, and enrolls as a part-time or full-time matriculated student at an institution of higher education in Connecticut, the individual must present either a certificate of immunization against measles, mumps, rubella and varicella, or laboratory evidence demonstrating said immunity. Students will not be permitted to register without proper State immunization documentation.

### Exemptions to this requirement include:

- Individuals born before January 1, 1957 for MMR vaccine,
- Individuals born before January 1, 1980 for Varicella vaccine,
- Laboratory confirmation of immunity to such disease,
- Documentation from a physician stating that the student is medically contraindicated from receiving such vaccine,
- Documentation from the student that such immunization is contrary to his/her religious beliefs,
- Documentation from a physician or director of health that the student has had a confirmed case of such disease,
- Students who graduated from a Connecticut high school in 1999 or later and were not exempt from MMR vaccinations,

### Adequate Immunization:

A. Measles: Two doses of measles vaccine administered at least one month apart. The second dose must have been given after January 1, 1980.

B. Mumps.

C. Rubella (German Measles): One dose of rubella vaccine, administered after the student's first birthday.

C. Varicella (Chicken Pox): Two doses at least 28 days apart or provide certification from physician that student has had this disease.

**Any student not showing necessary proof of immunization or verification of exemption from immunizations, will not be allowed to register.**

---

*Please print the information requested and sign at the bottom. Send this form to the High School, or Post-Secondary School, you last attended; or your Physician. Then send the Immunization records to the College Admissions Office: Paier College of Art, Incorporated, 20 Gorham Avenue, Hamden, CT 06514-3902.*

Name:	_____	_____	_____	_____
	Last	First	Middle Initial	Maiden Name
Address:	_____			
	Street			
	_____			
	City	State	ZIP Code	
Social Security Number:	_____	Date of Birth:	_____	
Last term enrolled at prior school	_____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
I hereby consent to have my immunization records released to Paier College.				
Student's signature:	_____			

*(or you may send these records by FAX: 203-287-3021)*