



Application for Admission

- Applicants must be 18 years of age and be a High School graduate or have a high school equivalent.
- An official high school transcript must be submitted with this application form. If a college degree was earned, an official transcript from the college or university where the degree was earned will be accepted in lieu of an official high school transcript.

Student Information

Please print *in black ink*.

Last name	First Name	Middle Name	Other names appearing on academic records
Social Security Number (last 4 number only)			Date of Birth mm/dd/yyyy Country of Citizenship

Permanent Street Address City State Zip	County Country
Local Street Address City State Zip	County Country
Mobile Phone Number	E-Mail address
Current or Last Occupation	Current or Last Place of Employment
Emergency Contact Information	
Name Relationship	Address City/State mobile Number/Email
Citizenship Information Please check appropriate line. I am a citizen of the United States ____ I am a legal resident of the United States. ____ My alien registration number is A-_____ Please attach a copy of your Alien Resident Card	Department of Rehabilitation / Regional Center Are you registered with Dept of Rehab? YES or No (please circle one) If yes, location and Caseworker: _____ _____ Are you registered with Regional Center? YES or No (please circle one) If yes, location and Caseworker: _____ _____

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Educational Background

List the high school where you earned your high school diploma and all colleges/universities you have attended (if applicable). Attach an additional sheet if necessary. An official transcript from your high school or official transcript from your college (if degree was earned) will need to accompany this application.

Name of School and address

Dates of attendance

Graduation Date or
Certificate Received

Have you ever been convicted of a crime? _____NO _____YES

If yes, explain number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense (s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

International Students Only

If you are currently living in the U.S. with an International visa, please indicate the type of visa below (F1 Student visa, M1 student visa, tourist visa, etc.).

Visa Type	Expiration Date
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Notice: Please note that in order to enroll in any of the programs offered at the Lifton Institute of Media Arts and Sciences, international students must have an F1 Visa. In order to obtain an F1 Visa, you will be asked to provide financial verification that you can cover the costs of tuition and living expenses per Homeland Security requirements. Information about how to obtain an F1 student Visa is mailed to students upon acceptance into the program.

Although the Test of English as a Foreign Language (TOEFL) is not required of international students for enrollment consideration, a copy of scores is appreciated if scores are available. All instruction is conducted in English; therefore applicants should have a strong command of the English Language.

LIMS does not discriminate against employees, students, or applicants on the basis of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law.

I declare under penalty of perjury that all information on this form is correct. I understand that falsifying or withholding information required on this form shall constitute grounds for dismissal.

Required Signature_____ Date_____



Confidential Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) Used: _____

Current Address: _____
(Month/Year) (Street) (City) (Zip/State)

Previous Address: _____
(Month/Year) (Street) (City) (Zip/State)

Previous Address: _____
(Month/Year) (Street) (City) (Zip/State)

Social Security Number: ____ - ____ - ____

Telephone Number/Cell Number: _____

Driver's License Number/State: _____

Date of Birth: _____
(Month) (Day) (Year)

The information contained in this application is correct to the best of my knowledge.

I hereby authorize the Lifton Institute of Media Arts & Sciences and its designated agents or representatives to conduct a criminal history from any criminal justice agency in any or all federal, state, county jurisdictions.

Signature: _____ Date: _____

Notice to California, Minnesota, and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

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I wish to receive a copy of any Background Check Report on me that is requested.