



THE UNIVERSITY OF THE ARTS®

The University of the Arts Certificate Program Application

Last Name · First Name · Middle Initial (Personal Information used for identification purposes only)

Address Email address

City · State · Zip

Social Security Number

Date of Birth

(____) _____
Day Phone

(____) _____
Evening Phone

Male Female

Most recent college attended - Name · City · State · Degree · Year of Graduation

High School - Name · City · State · Year of Graduation

My signature confirms that I was a student at and graduated from the institutions named above

\$50 application fee (non-refundable) must accompany your application (check, VISA/AMX/MC + security code)

Please indicate which program you are enrolling in.

Print Design Web Design Screenwriting Television Series Writing

Have you ever attended U/Arts as an undergraduate/graduate student? Yes No Dates: _____

Have you ever attended U/Arts Continuing Studies? Yes No Dates: _____

For Office Use Only

Student ID#: _____ Fee Paid: Yes No Date: _____ Initials: _____

Certificate Program Advisor Approval: _____ Date: _____

Please return completed form and payment to: The University of the Arts
Continuing Education
320 South Broad St.
Philadelphia PA 19102