



# Application for Admission

Please print clearly or type your responses to all questions and return this form to the Admissions Office. **Questions? Contact Admissions (323)871-8318**

## Information - Please use your FULL legal name

|   |                          |                 |                         |
|---|--------------------------|-----------------|-------------------------|
| <input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Mrs. |                          |                 |                         |
| Legal Name: Last / Family   | First / Given:           | Middle:         | Best Contact Number:    |
| Social Security Number:   | Birth Date (MM/DD/YYYY): | Home Phone:     | Alternate Phone Number: |
| Country of Citizenship:   | Country of Birth:        | E-mail Address: |                         |

### Mailing Address

|         |                   |                    |                   |
|---------|-------------------|--------------------|-------------------|
| Street: |                   |                    | Apartment Number: |
| City:   | State / Province: | Zip / Postal Code: | Country:          |

### Permanent Address (If Same As Mailing Address, Write "Same")

|         |                   |                    |          |
|---------|-------------------|--------------------|----------|
| Street: |                   |                    |          |
| City:   | State / Province: | Zip / Postal Code: | Country: |

### For Statistical Use Only:

EI does not discriminate on the basis of race, color, national origin, sex, disability, age, sexual orientation, or marital status in its programs and activities. Disclosure of this information is voluntary and will not be used as a factor in the admissions process.

### Ethnicity:

- |   |   |
|---|---|
| <input type="radio"/> Hispanic of any race              | <input type="radio"/> Asian                                     |
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> Black or African American         | <input type="radio"/> Two or more races                         |
| <input type="radio"/> White                             | <input type="radio"/> Other                                     |
| <input type="radio"/> Race and Ethnicity unknown        |   |

### Marital Status:

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="radio"/> Single   | <input type="radio"/> Married   |
| <input type="radio"/> Divorced | <input type="radio"/> Separated |

### Citizenship

- US Citizen / Permanent Resident     Non-Resident Alien     Non-Citizen

### Person to Notify in case of Emergency

|                  |               |               |                   |
|------------------|---------------|---------------|-------------------|
| Name:            |               | Relationship: |                   |
| Address:         |               | City:         | State / Province: |
| Residence Phone: | Mobile Phone: | Work Phone:   | E-mail Address:   |

### International Students Only:

The information below is required to apply for an F-1 or M-1 Student Visa once your application is accepted.

1. If currently in the US, what is your visa status?  
\_\_\_\_\_
  2. Please present proof of sufficient funds or affidavit of support.
  3. Submit copy of passport (& valid US visa if applicable)
  4. Country of birth: \_\_\_\_\_
  5. All students applying to EI must speak, read and write in the English language at a level that ensures the student's ability to benefit from the materials taught in class and to maintain Satisfactory Academic Progress. Please indicate your English language proficiency in each of the following areas:
- |           |                            |                            |                               |                              |
|-----------|----------------------------|----------------------------|-------------------------------|------------------------------|
| Speaking: | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Minimal | <input type="radio"/> None   |
| Reading:  | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Minimal | <input type="radio"/> None.1 |
| Writing:  | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Minimal | <input type="radio"/> None   |

## Education History

Please send a copy of High School Diploma or Equivalent and any degrees earned. (Must include English translation)

|                        |       |        |                                       |
|------------------------|-------|--------|---------------------------------------|
| High School:           | City: | State: | Date of Graduation or Equivalent:     |
| College or University: | City: | State: | Country:                              |
| Attendance From:       | To:   | Major: | Degree and Date (earned or expected): |
| College or University: | City: | State: | Country:                              |
| Attendance From:       | To:   | Major: | Degree and Date (earned or expected): |

**Questions**

**ALL PROGRAMS**

- Have you ever met with a representative of EI at a college fair or career fair event?  Yes  No Where \_\_\_\_\_
- Have you previously applied to EI?  Yes  No Date(s) \_\_\_\_\_
- Have you previously enrolled at EI?  Yes  No Date(s) \_\_\_\_\_
- Have you ever attended an EI Workshop?  Yes  No Date(s) \_\_\_\_\_
- Do you plan to apply for financial aid? (Grants, Loans, and Scholarships)  Yes  No
- Will you require assistance in securing housing and/or roommates?  Yes  No
- Would you like to receive information from our Housing Coordinators?  Yes  No

To what other colleges have you applied? (Optional)

How did you first hear about EI?

|                                 |       |               |
|---------------------------------|-------|---------------|
| If EI was recommended, by whom? | Name: | Relationship: |
|---------------------------------|-------|---------------|

Has this person attended EI?  Yes  No

Main reasons for choosing EI? (Attach a separate sheet if necessary)

Do you prefer:  Physical textbooks & printed curriculum only  Digital textbooks & digital curriculum only  A blend of both physical & digital materials?

What are your three favorite genres of Makeup (in order of preference)?

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**Outside Activities and Educational Goals**

Please describe in detail any specialized training, employment, or other activities where you have gained experience in a field related to your program of interest (Where? What? How Long?).

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What inspired you to pursue a career in the Art & Design Industry? (Attach a separate sheet if necessary).

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Describe your career goals and expectations after you graduate from EI (Be as specific as possible and attach a separate sheet if necessary).

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**Signature**

To be completed by the applicant. Please read the following statement and sign below.

All information provided is true and complete to the best of my knowledge. I understand that admission to Musicians Institute is contingent upon my submission of my high school diploma (or my official G.E.D. test result), all postsecondary transcripts, satisfaction of all admission criteria and my acceptance by Musicians Institute.

|                             |       |  |       |
|-----------------------------|-------|--|-------|
| Signature of the Applicant: | Date: | Signature of Parent or Guardian if under 18: | Date: |
|-----------------------------|-------|--|-------|

**Application Fee**

**AUTHORIZATION**

|   |                         |                             |                  |
|---|-------------------------|-----------------------------|------------------|
| <input type="checkbox"/> Application Fee: \$75  |                         |                             |                  |
| <b>Method of Payment</b>  |                         |                             |                  |
| <input type="checkbox"/> Check or Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card                        |                         |                             |                  |
| Credit/Debit Card Number:   | Billing Zip Code:       | 3 to 4 Digit Security Code: | Expiration Date: |
| <b>Card Type</b>  |                         |                             |                  |
| <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover |                         |                             |                  |
| Cardholder's Name:  | Cardholder's Signature: | Date:                       |                  |