

Application for Admission

6250 El Cajon Blvd. San Diego, CA. 92115 USA | www.platt.edu 619.265.0107 | FREE 866.752.8826 | FAX 619.265.8655

O Advanced Specialized Diploma: Digital Filmmaking | FX

abla	Rep			
	OFFICE USE ONLY	Source	Date	

ADMISSION REQUIREMENT:

The minimum requirement for admission to the college is graduation from a high school or the General Education Development (GED) high school equivalency. If the applicant is a high school graduate, he/she must provide an official high school transcript, i.e., sent from the high school directly to Platt College. If the applicant had received a GED or CHSPE, he/she must provide Platt College with the record of the test results

Provisional Status: All students are admitted to Platt College on a provisional basis until the College has received evidence that the student has graduated from an accredited high school or the equivalent. In the Education History section, please check one of the two options, "High School" or "GED" and complete applicable information.

APPLICANT'S INFORMATION					
Applicant's Full Legal Name			O Male	O Female	
Social Security No. (required for U.S. residents) – –	Marital Status O Single	 Married 	O Separated		
Driver's License #	Race or Ethnic Origin (optional)				
Birth Date / / Birthplace (City/State/Country)					
O U.S. Citizen O Permanent Resident (copy of green card required) O Non-U.S. Citizen: Country of ci	tizenshipVisa type _				
Have you ever been convicted of a felony? O Yes O No (If yes, please explain)					
Do you have any illnesses, disabilities, handicaps, disorders or substance abuses which may interfere with	th your school or job performance	? O Yes C) No		
(If yes, please explain)					
Permanent Home Address					
City/State	ZIP/Postal Code		Country		
Cell phone Home phone	E-mail				
Mailing Address (if different from above)					
City/State	ZIP/Postal Code		Country		
IN CASE OF EMERGENCY CONTACT					
Contact Name	Relationship	pl	none		
Address	City/State		Zip/Postal	Code	
EMPLOYMENT DATA					
Present Employer	Telephone				
Address	City/State		Zip/Postal	Code	
_ Job Title	Length of Employment				
CAREER SERVICES INFOMATION					
Are you willing to relocate for employment after graduating from Platt College? O Yes O No					
TERM OF ENTRY / PROGRAM(S) INTERESTED IN					
Start Date :/ I plan to attend: O Morning (8AM-12PM, M-F)					
Degree Programs					
O Bachelor of Science Degree: Media Art (emphasis in 3D Modeling & Design)					
O Bachelor of Science Degree: Media Art (emphasis in Digital Filmmaking FX)					
O Bachelor of Science Degree: Media Art (emphasis in Web Design & Development)					
O Associate of Applied Science Degree: Digital Media Design					
O Associate of Applied Science Degree: Graphic Design					
Diplomas					

		TORY.

Name of High School			Diploma	○ Yes ○ No			
City/State			Date of Graduation	/ /			
If you did not graduate from High School, did you receive a GED?	ONo (If ye	es, complete the information below)					
Where test was taken:		Mother's	Maiden Name:				
Date taken: / / Institution Name		City/State					
If you have any previous training above the high school level, whether college or vocational, pleas believe it applies to courses offered at Platt College. All transcripts submitted must be OFFICIAL,				ı is required whether you			
Are you currently attending, or have you previously attended, a college or university?	O Yes	○ No					
Name of School Dates Att	endedto		ODegree	ODiploma			
Name of School Dates Att	endedto		ODegree	○ Diploma			
Name of School Dates Att	endedto		ODegree	○ Diploma			
Name of School Dates Att	endedto		ODegree	○ Diploma			
Name of School Dates Att	endedto		ODegree	ODiploma			
MILITARY EXPERIENCE							
Branch: O Active	O Veteran O Depe	endent					
Veterans should be aware that the G.I. Bill prohibits duplication of training a veteran has received elsewhere, and prohibits enrollment in a course of training leading to an educational, professional or vocational objective for which they are already qualified.							
FATHER/GUARDIAN INFORMATION	MOTHER/GUARDIA	N INFORMATION					
Name	Name						
Address	Address						
City/State/Country	City/State/Country	у					
ZIP/Postal Code	ZIP/Postal Code						
E-mail	E-mail						
Home Phone Work Phone	Home Phone		Work Phone				
Father's Employer	Mother's employe	er					
Position	Position						
FINANCIAL INFORMATION							
Name of person to whom bills should be sent:							
Address							
City/State/Country	ZIP/Postal Code						
Telephone Fax	E-mail						
REFERENCES (Please list names and phone numbers of three references)							
Name Relations	hip	Te	lephone				
Name Relations	hip	Te	lephone				
Name Relations	hip	Te	lephone				
SIGNATURE							
X:							
Signature of applicant (If admitted, I agree to abide by the rules and regulations of Platt College.) I do best of my knowledge. I understand that in the event that I have knowingly and willingly made any false	hereby certify that all sta	atements made by me in this a	pplication are true and corre	ect to the			

Mail application to:

Admissions Department Platt College San Diego 6250 El Cajon Blvd. San Diego, CA 92115

For more information contact:

Admission Department 619.265.0107 • Toll-free 866.752.8826

www.platt.edu

Platt College reserves the right to contact any or all of the individuals listed on this form. Platt College does not discriminate on the basis of race, color, national origin, sex, handicap, or age in employment admissions, or any educational programs or activities.