APPLICATION FOR ADMISSION

Bachelor's & Associate Degree Programs

Please complete both sides of this application (or apply online at www.ciachef.edu). A nonrefundable \$50 application fee must accompany this application.



FOR INTERNAL USE ONLY Application Fee Received

Date

Bursar

PERSONAL INFORMA	ION (Please print legibly in ink	or type in the space above	each neading.)				
REQUIRED: (Please check on	e box in each category.)						
YEAR □ 2016 □ 2017	ENROLLMENT SEASON	Winter January–March	Spring April–June	Summer/Early Fall July–September	Late Fall October–December		
	DEGREE INTEREST Associate Only Associate & Bachelor's lits and would like to be evaluated from the complete a bachelor's program in from the complete a b			ANTICIPATED BACHELOR'S MAJO			
Legal Name (Last, First, Middle [com	nplete], Jr., etc.)	Former Last Nam	ie(s), if any	5	Social Security Number		
Home Address (Number and Street)				County/Parish/Province			
City or Town (Please do not abbrevia	ate)		State	Zip Code	Country		
Home Telephone	W	ork Telephone		Cell Phone			
Date of Birth (mm/dd/yy)		Please send me news and inf	ormation via e-ma	ail E-mail Address			
Gender (Optional): Male Fer				ntry):			
	y of Resident Alien card. Alien Regis	-					
-	in the U.S., how long have you been	-		а туре:			
-	ional Agent, please indicate the ager						
First language, if other than English	(optional):						
Have you served in the United State	s Armed Forces or are you a depende	nt of a service member who v	vill be using the P	ost-9/11 GI Bill (optional)? Yes	No		
-	ork State require that we report on ce of your application. Do you consider			Providing this information is optional.			
	re of the following racial categories t \square Asian \square Black or African Ame			□ White			
other than matters that were adjudicate Have you ever been sanctioned or disci		□ Yes □ No Are you current educational institution or a branch	ly the subject of any	nies but also misdemeanors, criminal traffic r pending criminal charge?	violations, and any other cri		
FAMILY Providing the follow	ving information will help the CIA	A secure educational grants	and identify sch	nolarship eligibility.			
Mother's Full Name		Father's	Full Name				
Home Address (if different from you	ne Address (if different from yours) He			Home Address (if different from yours)			
City, State, Zip/Postal Code, Country	y, State, Zip/Postal Code, Country			City, State, Zip/Postal Code, Country			
Best Contact Phone Number	per						
Occupation		Occupat	ion				

Occupation

Name of Business or Organization

Name of Business or Organization

EDUCATIONAL DATA List	your high school and all colleges at which you have taken courses for credit. Please ha	ve an official transcript sent fr	om each as soon as possible.
Name of High School/College	Location (City, State, Country)	Degree	Grad Date
Did you attend a career/technical program If so, please provide the name, city, and si			

WORK EXPERIENCE If more room is needed, please provide attachment.					
Name of Employer with City and State (List most recent employer first.)	Date Begun	Date Ended	Position Held	Employer Phone Number*	

ESSAY

Along with this completed application, be sure to include responses to three short essay questions. The questions can be found at www.ciachef.edu/how-to-apply-degree-programs. Each response must be a minimum of 100 words.

ADDITIONAL DATA (OPTIONAL)

If you have applied to any other culinary schools, please identify them:					
1.	2.		3.		
How did you learn about the CIA? Alumnus/na Newspaper/Magazine/TV	_	□ Employer □ Internet	□ Guidance Counselor/Teacher □ CIA Campus Visit	□ Trade Show	

It is the applicant's responsibility to respond truthfully and accurately to all questions on the application for admission. Any applicant who furnishes either false or misleading information on the application can be disqualified as an applicant for admission. If the CIA accepts the applicant and subsequently discovers that false or misleading information was furnished on the application, the CIA may terminate the student's privilege to continue his or her education at the college without reimbursement at the established CIA rate.

I have read the terms and conditions of acceptance and agree that if accepted and registered, I will abide by them. I understand that it is my responsibility to forward necessary application materials to complete my file for review and that I have an ongoing obligation, prior to enrollment, to inform the Admissions Department in writing of any changes of information regarding my file or this application. I understand that this application and all supporting materials become the property of the CIA once submitted, and will not be returned.

SIGNATURE OF APPLICANT (REQUIRED)

Mail to: Admissions Department The Culinary Institute of America 1946 Campus Drive Hyde Park, NY 12538-1499

> Notice of Nondiscrimination: The Culinary Institute of America (CIA) is an Equal Opportunity Employer committed to The CIA does not discriminate against individuals on the basis of Section 504/ADA: race, color, sex, sexual orientation, gender identity, religion, dis- Maura A. King, Director-Compliance ability, age, genetic information, marital status, veteran status, ancestry, national or ethnic origin, or any other protected group or classification under federal or state laws. The following Civil Rights Compliance Officers at the CIA have been designated to handle inquiries regarding the nondiscrimination policies:

Title IX and Age Discrimination:

Joe Morano, Senior Director—Faculty Relations the principle of equal opportunity in education and employment. 845-451-1314, j_morano@culinary.edu, Office—Roth Hall, Room S-324

DATE

845-451-1429, m_king@culinary.edu, Office-Roth Hall, Room S-351 Mailing address:

The Culinary Institute of America, 1946 Campus Drive, Hyde Park, NY 12538 For further information, visit www.ciachef.edu/consumer-information.