

APPLICATION FOR UNDERGRADUATE BFA READMISSION



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Portland, Maine 04101
207.772.5074

cstudy@meca.edu
meca.edu/pre-college

APPLICATION INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
PREFERRED NAME _____ GENDER: MALE FEMALE NONBINARY GENDERFLUID OTHER _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____
PERMANENT STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTRY _____
PRIMARY TELEPHONE NUMBER HOME CELL _____
ADDITIONAL TELEPHONE NUMBER HOME WORK OTHER _____

MAILING ADDRESS (if different from above)

/ /
VALID UNTIL _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTRY _____

CITIZENSHIP

U.S. CITIZEN PERMANENT RESIDENT/ALIEN RESIDENT INTERNATIONAL CITIZEN COUNTRY OF CITIZENSHIP _____
IS YOUR PRIMARY LANGUAGE ENGLISH? YES NO (PLEASE STATE PRIMARY LANGUAGE) _____

APPLICATION INFORMATION

AREAS OF INTEREST

- ANIMATION & GAME ART
- CERAMICS
- GRAPHIC DESIGN
- ILLUSTRATION
- METALSMITHING & JEWELRY
- PAINTING
- PHOTOGRAPHY
- PRINTMAKING
- SCULPTURE
- TEXTILE & FASHION DESIGN
- WOODWORKING & FURNITURE
- UNDECIDED

APPLYING AS

- FIRST-YEAR
- TRANSFER

CREDIT STATUS

- FIRST-YEAR
- TRANSFER

TO ENTER

YEAR: 20_____

APPLYING AS

- FALL
- SPRING

ETHNICITY

- AFRICAN
- AFRICAN AMERICAN/BLACK
- ARAB AMERICAN
- ASIAN
- ASIAN AMERICAN
- CARIBBEAN, WEST INDIAN
- CHICANO, CHICANA, CHICANX
- HISPANIC
- INDIAN
- INDIGENOUS AMERICAN OR NATIVE AMERICAN
- LATIN AMERICAN, LATINX
- MIDDLE EASTERN
- PACIFIC ISLANDER, HAWAIIAN NATIVE
- SOUTHEAST ASIAN
- WHITE, EUROPEAN
- OTHER _____

WHEN DID YOU LEAVE MECA?

MONTH/YEAR

NUMBER OF SEMESTERS COMPLETED

MAJOR AT THAT TIME (IF APPLICABLE)

DO YOU PLAN TO APPLY FOR FINANCIAL AID?

- NO YES

ARE YOU INTERESTED IN STUDENT HOUSING?

- NO YES

FAMILY INFORMATION

MOTHER STEP-MOTHER GUARDIAN

FATHER STEP-FATHER GUARDIAN

LAST NAME FIRST NAME MIDDLE NAME

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS (IF DIFFERENT FROM APPLICANT'S ADDRESS)

STREET ADDRESS (IF DIFFERENT FROM APPLICANT'S ADDRESS)

CITY STATE ZIP COUNTRY

CITY STATE ZIP COUNTRY

PRIMARY TEL NUMBER HOME CELL

PRIMARY TEL NUMBER HOME CELL

OCCUPATION EMPLOYER

OCCUPATION EMPLOYER

EDUCATION

HIGH SCHOOL SOME COLLEGE COLLEGE DEGREE
 SOME GRAD. OR PROFESSIONAL SCHOOL GRAD. OR PROFESSIONAL SCHOOL

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HIGH SCHOOL SOME COLLEGE COLLEGE DEGREE
 SOME GRAD. OR PROFESSIONAL SCHOOL GRAD. OR PROFESSIONAL SCHOOL

SCHOOLS ATTENDED SINCE LEAVING MECA

Please list all educational institutions attended, beginning with the most recent. You must request official transcripts from all institutions listed, to be sent to MECA's Office of Admissions.

EDUCATION TYPE (SELECT ONE) HIGH SCHOOL TWO-YEAR COLLEGE FOUR-YEAR COLLEGE

NAME OF SCHOOL/INSTITUTION

SCHOOL/INSTITUTION ADDRESS

DAYS OF ATTENDANCE FROM (MM/DD/YYYY) TO (MM/DD/YYYY)

DATE OF GRADUATION, IF APPLICABLE (MM/DD/YYYY) DEGREE EARNED, IF APPLICABLE

EDUCATION TYPE (SELECT ONE) HIGH SCHOOL TWO-YEAR COLLEGE FOUR-YEAR COLLEGE

NAME OF SCHOOL/INSTITUTION

SCHOOL/INSTITUTION ADDRESS

DAYS OF ATTENDANCE FROM (MM/DD/YYYY) TO (MM/DD/YYYY)

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NAME OF SCHOOL/INSTITUTION

SCHOOL/INSTITUTION ADDRESS

DAYS OF ATTENDANCE FROM (MM/DD/YYYY) TO (MM/DD/YYYY)

DATE OF GRADUATION, IF APPLICABLE (MM/DD/YYYY) DEGREE EARNED, IF APPLICABLE

ESSAY

Please submit a typed 500 word essay on the following: How have you spent your time away from MECA, and why do you wish to return now?

REASONS/CIRCUMSTANCES FOR DEPARTURE

Please list below. Applicants are also encouraged to submit a resume of such activities, if desired.

- MEDICAL:** Please submit a statement from a medical professional indicating that you are ready to resume your studies and describing any special needs you may require upon your return. This must be submitted to the Director of Student Affairs, and your application cannot be reviewed without this statement.
- ACADEMIC:** Please provide a statement giving your reasons for believing you can successfully complete a MECA degree program. Describe the specific steps you will take to ensure your academic success if you return. A meeting with the Associate Dean may be required, depending on the circumstances surrounding your departure.
- DISCIPLINARY:** If you left MECA for disciplinary reasons, you must receive clearance from the Director of Student Affairs before returning. Please contact the Office of Student Affairs at: (207) 699-5067
- PERSONAL:**

APPLICATION FEE

Make checks or money orders payable to Maine College of Art. Please do not send cash. You may submit a credit card payment, using the form below.

CARD TYPE VISA MASTERCARD DISCOVER

CARDHOLDER

CREDIT CARD NUMBER

EXPIRATION DATE (MM/YYYY)

CARDHOLDER BILLING ADDRESS

TO (MM/DD/YYYY)

CARDHOLDER DAYTIME PHONE NUMBER

C

CARDHOLDER SIGNATURE

SCHOOLS ATTENDED SINCE LEAVING MECA

My signature verifies that the information on this application is true and accurate to the best of my knowledge.

DATE OF GRADUATION, IF APPLICABLE (MM/DD/YYYY)

DEGREE EARNED, IF APPLICABLE