College Of Creative Studies Application

This form is part of your application for admission to the College of Creative Studies, University of California, Santa Barbara.

This is a PDF form that can be filled out using Adobe Reader.

Please read the instructions for completing and submitting this form at http://www.ccs.ucsb.edu/admissions

Answer as completely as possible.

Name:					
LAST (FAMILY)	FIRST	MIDDLE			
Current Address:	urrent Address:STREET ADDRESS				
CITY	STATE	ZIP			
E-Mail Address:					
Permanent Address:	STREET ADDRESS				
CITY	STATE				
Current Phone No: ()					
Permanent Phone No:()					
Date of Birth:					
Name of High School:					
High School Grade Point Aver	rage:				
Date of Graduation:					
Major for which you are appl	ying:				
Art B.A.: (check emphasis) □ Painting □ Sculpture □ □ Literature B.A. □ Music Composition B.A. □ Biology B.A. □ Chemistry/Biochemistry B.A □ Computer Science B.S. □ Mathematics B.A □ Physics B.A.		emistry B.S.			
Quarter for which you are ap	plying:				
□ Fall □ Winter □ Sprin	g Year: 20				
Have you applied to UCSB?*	~				
Have you been accepted to UC					
Where else have you applied?					
, 11					
*This is a separate process that al	l applicants to CCS m	ust complete.			
If currently attending UCSB:					
Perm Number					
Current Major					
Total Units Completed					
UCSB Grade Point Average _					
Choose one:					
☐ I wish to transfer my enroll:	ment to Creative Stu	dies			
☐ I wish to add a major in Cre					
(dual College enrollment)					

If you have taken any of the tests offered by the College Entrance Examination Board, please list your scores:

S.A.T. Reading					
_	est (ACT) score				
S.A.T. Subject Exam					
•	Score				
	Score				
	Score				
List any other name your records:	s (e.g. maiden name) th	nat may ap	pea	r or	ı
credit. List all colleg semester (S) system	following if you alread ges attended, and speci . Continue on a separat ement exams on a separa	fy quarter te sheet if	(Q) nece	or	
College					
Number of Units		Q		S	
College					
Dates Attended					
Number of Units		Q		S	
College					
Dates Attended					
Number of Units		Q		S	
Please write in the	following information	by hand:			
Applicant's Signatu	ıre				
Social Security Nu	mber*				
Date					
Enclosures:					
□ Letter of Intent					
□ Work in Evidence	e of Talent				
☐ List of Advanced	Placement Exams (on s	separate sh	eet, i	f app	olica
Letters of Recomme	ndation (optional for A	rt and Lit	erati	ure)	1
□ from					
□ from					
□ from					

The University is required by federal law to report your SSN and other pertinent information to the Internal Revenue Service pursuant to the reporting requirements imposed by the Taxpayer Relief Act of 1997. The University will use the SSN you provide to verify the identity of each applicant, to link our admissions file with Financial Aid Office data, to link to the Payroll Office to verify amounts paid to students receiving research assistantships, and to link financial awards and admission data to registration histories and student records. This record-keeping system was established before January 1, 1975, pursuant to the authority of the Regents of the University of California under Article IX, Section 9 of the Constitution of the State of California. This notification is provided to you as required by the Federal Privacy Act of 1974.

^{*}SSN disclosure on your CCS application is optional. However, it would help ensure the accuracy of our records, so please provide it unless you have a reason not to.