

**ENROLLMENT APPLICATION**

PLEASE PRINT/PHOTOCOPY THIS PAGE

DATE \_\_\_\_\_  
MONTH DAY YEAR

I HAVE  HOME SCHOOLED /  
COMPLETED: HIGH SCHOOL AT \_\_\_\_\_ YEAR \_\_\_\_\_

E CERT  APPRENTICESHIP AT \_\_\_\_\_ IN \_\_\_\_\_ YEARS \_\_\_\_\_

D U DEGREE  ASSOCIATES STUDY \_\_\_\_\_ IN \_\_\_\_\_ YEARS \_\_\_\_\_

C A DEGREE  BACCALAUREATE AT \_\_\_\_\_ IN \_\_\_\_\_ YEARS \_\_\_\_\_

T I \_\_\_\_\_  MINOR/2<sup>ND</sup> B(F)A/BS \_\_\_\_\_ IN \_\_\_\_\_ YEARS \_\_\_\_\_

O CERT

N DEGREE  GRADUATE STUDY AT \_\_\_\_\_ IN \_\_\_\_\_ YEARS \_\_\_\_\_

DEGREE  POST-GRADUATE AT \_\_\_\_\_ IN \_\_\_\_\_ YEARS \_\_\_\_\_

SPOKEN \_\_\_\_\_ PLAY  PERFORM

MY CREATIVE INTERESTS INCLUDE: \_\_\_\_\_ LANGUAGE(S): \_\_\_\_\_ MUSIC: \_\_\_\_\_

MY EDUCATIONAL INTEREST IS FOR: PERSONAL GROWTH  1-2-3 (CIRCLE) CAREER OPPORTUNITY  1-2-3 CAREER GROWTH  1-2-3

MY PROGRAM INTEREST IS: M/VISUAL LITERACY & DESIGN  T/DESIGN FOR INDUSTRY  W/DESIGN DYNAMICS  TH/DESIGN MASTERY CLINICS

I USE THE FOLLOWING SOFTWARE: MS OFFICE®  ADOBE CS®  AUTOCAD®  ALIAS®  MAYA®  RHINO®  THINK3®  PROE®

I OWN A: LAPTOP  / PC  / APPLE  SOLIDWORKS®  CATIA®  FORMZ®  iThink/STELLA®  OTHER \_\_\_\_\_

I AM READY TO START IN: YEAR: 20 \_\_\_\_ - WINTER  EARLY SPRING  LATE SPRING  SUMMER  AUTUMN

SCHEDULE OF SEMINARS AVAILABLE ON-LINE / CALENDAR: [WWW.ANTROPOSDESIGN.ORG](http://WWW.ANTROPOSDESIGN.ORG) / SUBMIT NO LATER THAN 30 DAYS PRIOR TO QUINT START

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V L & D QUINT D 4 I QUINT D D QUINT D M C QUINT  
 MONDAY CLASS 1 2 3 4 5 \_\_\_ TUESDAY CLASS 1 2 3 4 5 \_\_\_ WEDNESDAY CLASS 1 2 3 4 5 \_\_\_ THURSDAY CLASS 1 2 3 4 5

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ APT/SUITE \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME PHONE/CELL ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

LOCAL ADDRESS [SAA ] \_\_\_\_\_ APT/SUITE \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

LOCAL PHONE/CELL ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

APPLICATION FEE - \$100.00 - NON-REFUNDABLE      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ ALL INFORMATION HEREIN IS KNOWN BY ME TO BE FACTUAL  
MONTH DAY YEAR

FULL TUITION PAYMENT BY CHECK OR MONEY ORDER TOTAL: \$ \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I WANT TO CONSIDER FUTURE ENROLLMENT, PLEASE CONTACT ME FOR THE NEXT ENROLLMENT

SUPPORTING GIFT \_\_\_\_\_ ... MANY, MANY THANKS!     I/WE WISH OUR GIFT TO BE ANONYMOUS \_\_\_\_\_

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MAIL TO:

**AN★TROPUS**  
ADMISSIONS

EDMONDS, WASHINGTON 98020-1405 USA