Please complete this form and mail or fax to:
Fashion Institute of Technology
227 West 27 Street, Room SR10
New York, NY 10001-5992
Fax: 212 217.7964

GENERAL INFORMATION

Have you ever applied to FIT for a high school or college course?

☐ YES ☐ NO ☐ SUMMER ☐ FALL ☐ SPRING

Student ID number

Name

Current mailing address

STREET APT. NUMBER CITY STATE ZIP CODE

Telephone

Parent’s Email

REQUIRED FOR EMAIL CONFIRMATION OF REGISTRATION AND BILLING PURPOSES

Date of birth

MONTH DAY YEAR

Gender ☐ Male ☐ Female

School currently attending

Grade ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Ethnicity (optional) You may check more than one:

☐ White, Non-Hispanic ☐ Hispanic/Latino ☐ American Indian/Native Alaskan ☐ Asian or Pacific Islander

☐ Black, Non-Hispanic ☐ Unknown ☐ Other

COURSE REGISTRATION

Please fill in the appropriate course information for the courses you are applying for.

I am registering for (check one):

☐ 1 course ☐ 2 courses ☐ 3 courses ☐ 4 courses ☐ 5 courses ☐ 6 courses

CLASS REGISTRATION

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