

College of  
**DESIGN**  
**ARCHITECTURE**  
**ART**  
**PLANNING**

Please complete application  
 and return to:  
 Office of Student Affairs  
 University of Cincinnati  
 PO Box 210016  
 Cincinnati, OH 45221-0016

daap-admissions@uc.edu  
 513-556-1376

**STUDENT INFORMATION**

Student Name _____	UCID _____
Street Address _____	City/State/Zip _____
E-mail _____	Phone Number _____
Current Degree Program _____	College _____
Check Semester Effective <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer	Academic Year _____
<b>CERTIFICATES:</b>	<b>MINORS:</b>
<input type="radio"/> Critical Visions	<input type="radio"/> Architectural Studies
<input type="radio"/> Game Art Design	<input type="radio"/> Art History
<input type="radio"/> Green Roofs	<input type="radio"/> Fashion Design Studies
<input type="radio"/> Historic Preservation	<input type="radio"/> Fine Arts
<input type="radio"/> Horticulture	<input type="radio"/> Horticulture
<input type="radio"/> Museum Studies	
<input type="radio"/> Pre-Art Therapy	
<input type="radio"/> Sustainable Landscape Design	
<input type="radio"/> Urban Agriculture	
<input type="radio"/> Urban Design	<input type="radio"/> Urban Landscapes
Student's Signature _____	Date _____

**FOR OFFICE USE**

**PROGRAM CERTIFICATE OR MINOR COORDINATOR RECOMMENDED ACTION**

Accepted                       Denied

Semester admitted to the program

Fall             Spring             Summer                      Academic Year \_\_\_\_\_

Comments (if any) \_\_\_\_\_

Coordinator signature \_\_\_\_\_ Date \_\_\_\_\_

**ASSISTANT DEAN RECOMMENDED ACTION**

Accepted                       Denied

Semester admitted to the program

Fall             Spring             Summer                      Academic Year \_\_\_\_\_

Comments (if any) \_\_\_\_\_

Assistant Dean Signature \_\_\_\_\_ Date \_\_\_\_\_