ENROLLMENT STATUS REPORT FORM

Please Print

Name _____ Date _____

Address _____

City/Sate/Zip _____

Phone (_____) _____ Email Address _____

Intended Date of Entry: Fall 20 _____ Spring 20 _____

Intended Major _____

☐ I am not enrolled and I am not planning to enroll at another post-secondary institution before attending MICA.

☐ I am currently enrolled in the following courses at _____
(College / University Name)

Course Number	Course Name	Credit Hours	Semester And Year

Please attach Course Descriptions

☐ I plan to enroll next semester / summer in the following courses at _____
(College / University Name)

Course Number	Course Name	Credit Hours	Semester And Year

Please attach Course Descriptions

Please return this form to:

Records Coordinator
Maryland Institute College of Art
Office of Undergraduate Admission
1300 Mount Royal Avenue
Baltimore, MD 21217
Fax: (410) 225-2337