

APPLICATION FORM FOR THE ADMISSION TO MASTER COURSES

Print-out each page of this form. Please print clearly or type your answers to all questions in capital letters, and return this form to the Admission Office.

ALL ITEMS ARE COMPULSORY.

Mail completed application form to:

Admission Office / Domus Academy Spa

Via Darwin 20 / 20143 Milano / Italy

Or email to:

admissions@domusacademy.it

SECTION 1 / PROGRAM CHOICE (please tick only one Master course)

I am applying for the Master in:	
MASTER IN ACCESSORIES DESIGN	MAD <input type="checkbox"/>
MASTER IN FASHION DESIGN	MFD <input type="checkbox"/>
MASTER IN DESIGN	MD <input type="checkbox"/>
MASTER IN INTERACTION DESIGN	MID <input type="checkbox"/>
MASTER IN SERVICE & EXPERIENCE DESIGN	MSD <input type="checkbox"/>
MASTER IN CAR DESIGN	MCD <input type="checkbox"/>
MASTER IN BUSINESS DESIGN	MBD <input type="checkbox"/>
MASTER IN FASHION MANAGEMENT	MFM <input type="checkbox"/>
MASTER IN INTERIOR & LIVING DESIGN	MILD <input type="checkbox"/>
MASTER IN URBAN VISION & ARCHITECTURAL DESIGN	MUVAD <input type="checkbox"/>
MASTER IN FASHION STYLING & VISUAL MERCHANDISING	MFSVM <input type="checkbox"/>
MASTER IN VISUAL BRAND DESIGN	MVBD <input type="checkbox"/>
MASTER IN MARKETING OF LUXURY GOODS	MMLG <input type="checkbox"/>

SECTION 2 / INTAKE CHOICE

I am applying for the academic year:	
MD MSD MCD MBD MFM MILD MUVAD MID MFSVM MVBD MMLG 2012/2013 <input type="checkbox"/> 2013/2014 <input type="checkbox"/> 2014/2015 <input type="checkbox"/>	(starting every September)
MAD MFD MD MFM MBD MILD 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/>	(starting every January)

SECTION 3 / SET OF DOCUMENTS

As requested, I am attaching:	
DETAILED CURRICULUM VITAE/RESUME	<input type="checkbox"/>
CERTIFICATES OF DIPLOMA/TRANSCRIPTS	<input type="checkbox"/>
ENGLISH LANGUAGE CERTIFICATE	<input type="checkbox"/>
STATEMENT OF PURPOSE	<input type="checkbox"/>
N°2 RECOMMENDATION LETTERS	<input type="checkbox"/>
PORTFOLIO OF PROJECTS OR URL OF ONLINE PORTFOLIO*	<input type="checkbox"/>
COPY OF PASSPORT	<input type="checkbox"/>
PAYMENT RECEIPT OF THE APPLICATION FEE OF EURO 100	<input type="checkbox"/>

* not mandatory for MBD, MFM, MSD, MFSVM, MMLG

SECTION 4 / PERSONAL DETAILS

FIRST NAME
SURNAME OR FAMILY NAME
GENDER (male/female)
DATE OF BIRTH (day/month/year)
PLACE OF BIRTH
NATIONALITY
COUNTRY OF PERMANENT RESIDENCE
ADDRESS FOR CORRESPONDENCE
CITY
STATE
ZIP
COUNTRY
PHONE
OFFICE PHONE
HANDY PHONE
ALTERNATE PHONE
FAX
E-MAIL ADDRESS
HOME ADDRESS (if different from address for correspondence)
CITY
STATE
ZIP
COUNTRY
PROFESSION

SECTION 5 / REFEREE

You are required to submit 2 academic or professional references.
Please give the name and contact details of your referees in case we need to contact them.

1.
NAME
TITLE
UNIVERSITY/SCHOOL
COMPANY
LOCATION
PHONE
FAX
EMAIL

2.
NAME
TITLE
UNIVERSITY/SCHOOL
COMPANY
LOCATION
PHONE
FAX
EMAIL

SECTION 6 / LANGUAGES
NATIVE LANGUAGE
OTHER LANGUAGES SPOKEN FLUENTLY
ENGLISH LANGUAGE TEST (name)
SCORE / GRADE (if known)
DATE OF TEST
Please enclose copies of all certificates showing your English language ability

SECTION 7 / COLLEGES, UNIVERSITIES ATTENDED
1.
SCHOOL NAME
LOCATION
DATE ENTERED
DATE DEPARTED
GRADUATION DATE
THESIS OR DISSERTATION TITLE ON YOUR PREVIOUS DEGREE
DEGREE/QUALIFICATION (BA, ETC...)
2.
SCHOOL NAME
LOCATION
DATE ENTERED
DATE DEPARTED
GRADUATION DATE
THESIS OR DISSERTATION TITLE ON YOUR PREVIOUS DEGREE
DEGREE/QUALIFICATION (BA, ETC...)

SECTION 8 / PROFESSIONAL EXPERIENCE

1.	
DATES FROM (dd/mm/yy)	TO (dd/mm/yy)
NAME OF THE COMPANY	
TYPE OF BUSINESS OR SECTOR	
LOCATION	
OCCUPATION OR POSITION HELD	
MAIN ACTIVITIES AND RESPONSABILITIES	
CONTACT PERSON	
2.	
DATES FROM (dd/mm/yy)	TO (dd/mm/yy)
NAME OF THE COMPANY	
TYPE OF BUSINESS OR SECTOR	
LOCATION	
OCCUPATION OR POSITION HELD	
MAIN ACTIVITIES AND RESPONSABILITIES	
CONTACT PERSON	
3.	
DATES FROM (dd/mm/yy)	TO (dd/mm/yy)
NAME OF THE COMPANY	
TYPE OF BUSINESS OR SECTOR	
LOCATION	
OCCUPATION OR POSITION HELD	
MAIN ACTIVITIES AND RESPONSABILITIES	
CONTACT PERSON	

SECTION 9 / OTHER DETAILS

How did you hear of Domus Academy?
PROSPECTUS
WEB SITE*
PRESS*
ALUMNI*
EXHIBITION / FAIR*
A REPRESENTATIVE OF DA* ITALSTUDIO
SCHOOL*
OTHER (if other please state)
*Please give the name
Have you already applied to Domus Academy?
YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please state year

Where else are you applying to study?

SECTION 10 / DECLARATION

I certify that this application form is accurate and complete to the best of my knowledge.

SIGNATURE

DATE

Application fee

In order to apply and be considered for admission to the Domus Academy Master Programs, you shall pay an application fee of 100 Euro. The fee must be settled by bank transfer to:

DOMUS ACADEMY SPA

Unicredit Banca

Branch of Milano Richard

Account Nr. 000041099779

IBAN : IT 51 T 02008 01671 000041099779

BIC SWIFT Code : UNCRITM1DF7

Please notice that all bank, credit card and third party charges have to be covered by the applicant and that the application fee is not refundable for any reason.

DOMUS ACADEMY, in its capacity of Data Controller, is pleased to inform you that the data submitted with this form shall be processed for the purpose of sending you information related to education courses or events organized by us, and that you are entitled at any time to exercise the rights under article 13 of Italian Data Protection Law 196/03.

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admissions@domusacademy.it



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