

READMISSION APPLICATION COVER LETTER

The below provides information to students interested in requesting readmission to AMDA. Please carefully review and complete all of the steps listed below to be considered for readmission. Readmission Applications can be faxed, emailed, or mailed to the following addresses, please send to the campus of interest:

AMDA New York

Phone: 212.957.3318 or 800.367.7908

Email: nyregistrar@amda.edu

Mailing Address:

AMDA

Attn: Registrar Office/Doina Lawit

211 West 61st Street

New York, NY 10023

AMDA Los Angeles

Phone: 323.603.5900 or 800.367.7908

Fax: 323.469.3350

Email: cmoj@amda.edu

Mailing Address:

AMDA

Attn: Education Dept./Registrar's Office/Cynthia Moj

6305 Yucca St, Los Angeles, CA 90028

READMISSION PROCESS:

To apply for readmission to AMDA, students must submit the application including all required accompanying documentation within the listed deadline timeframe. Students may be required to re-audition and/or repeat courses/terms for their program of choice. *AMDA reserves the right to make changes to curriculum, requirements, and procedures. Readmitted students must comply with the new and/or revised curriculum, guidelines, policies & AMDA Catalog.*

APPLICATION:

Readmission Applications and all accompanying documentation must be received no later than one month prior to the start of the term of interest. Complete the enclosed "Application for Readmission" and submit to the attention of the appropriate department, as indicated above, to start the process of readmission evaluation. Students applying to readmit into the BFA program and who have completed courses outside of AMDA since their departure will need to provide official transcripts from all attended institutions for General Education courses transfer evaluation. There may be times when a student's record will require additional information to be submitted to support the readmission application.

PERSONAL STATEMENT:

As requested in the Application, please include a thorough personal statement letter by addressing the questions on the application. If applicable, include any work experience/life experience for AMDA to consider as it/they relate to the industry. Make sure to include your name, date and signature on the statement.

IF ORIGINAL WITHDRAWAL WAS FOR MEDICAL REASONS:

Students who withdrew because of medical reasons must provide a statement from a healthcare professional. Statement of health clearance must include detailed information from a physician regarding the status of the student's health as it relates to re-engaging in a rigorous curriculum and returning to normal activity without physical and/or other restrictions. This statement must be received no later than **TWO WEEKS PRIOR** to the semester's start.

STUDENT ACCOUNTS AND FINANCIAL AID:

Students with prior or unresolved account balances and/or who have not finalized their financial aid process will need to defer their readmission. Prior balances must be paid in full before the Readmission Application is evaluated and/or approved.

Students who have prior balances, billing questions, or payment agreement requests, please contact:

NY Campus: Debra Mack, dmack@amda.edu, 212.787.5300, ext. 3332

LA Campus: Kathie Sotiropoulos, ksotiropoulos@amda.edu, 323.603.5900 ext. 5918

Financial Aid questions:

NY Campus: Mark Ruggiero, mruggiero@amda.edu, 212.787.5300, ext. 3334

LA Campus: Sheena Ponce, sponce@amda.edu, 323.603.5900, ext. 5972

STUDENT HOUSING ADVISORS:

NY Campus: Tarah Blasi Watson, Housing Administrator, tbwatson@amda.edu, 212-957-3389

LA Campus: Adam Fox, Housing Facilities Coordinator, lahousing@amda.edu, 323.603.5962

INTERNATIONAL STUDENT ADVISOR

NY and LA Campus: Leslie Cummings, International Student Advisor, lcummings@amda.edu, 212.957.3360

Final clearance from each department must be confirmed by the student and department before students are officially readmitted.

Incomplete or missing information may delay readmission to AMDA. Upon receiving final clearance from all departments, students will receive an official letter from the appropriate department per campus, as listed above, stating approval or denial of re-admittance. Please contact AMDA for questions (*see contact information above*).

APPLICATION FOR READMISSION

Requested readmission term: Fall _____ Spring _____ Summer _____
YEAR YEAR YEAR

Please check expected readmission term:

- Conservatory Students (NY only): 1st 2nd 3rd 4th
 Associate of Occupational Studies Students (LA only): 1st 2nd 3rd 4th
 Bachelor of Fine Arts Students (LA only): 1st 2nd 3rd 4th 5th 6th 7th 8th

Expected readmission campus and program:

Campus: New York Los Angeles

Select from either Conservatory, Associate of Occupational Studies or Bachelor of Fine Arts:

Conservatory (NY Campus)

- Studio (Acting for Stage, Film and Television)
- Integrated (Acting, Musical Theatre and Dance)
- Dance Theatre (Concert, Theatrical and Commercial Dance)

Associate of Occupational Studies Degree (LA Campus)

- AOS Degree: Acting
- AOS Degree: Musical Theatre
- AOS Degree: Dance Theatre

Bachelor of Fine Arts Degree (LA Campus)

- BFA Degree: Acting
- BFA Degree: Music Theatre
- BFA Degree: Dance Theatre
- BFA Degree: Performing Arts

Please note: Students who repeat a term are ineligible for their AMDA institutional aid for the repeated term if this aid was fully utilized for the term for which they withdrew. Students are eligible for any portion of their AMDA institutional aid that was not utilized or was returned after their withdrawal. Please contact the Financial Aid department if there are any questions.

Students submitting an application for a program different than what they were previously enrolled in will need to also submit a "Change of Program Request Form" in order for a review to be conducted. The form is located on the AMDA website under Student Life/ Education Department.

PERSONAL INFORMATION

Name (Legal): _____ Social Security #: _____
LAST FIRST MIDDLE FOR U.S. CITIZENS FILING FAFSA

Mailing Address: _____
STREET OR P.O. BOX

CITY STATE ZIP COUNTRY Telephone: _____
(###) ###-####

Personal Email Address: _____ Cell Phone: _____
(###) ###-####

INTERNATIONAL STUDENTS

- Are you an International Student?** Yes No **Do you have a valid I-20?** Yes No
Are you currently an F-1 Student? Yes No **Do you have a valid student visa?** Yes No

It is advisable for students to contact the AMDA International Student Advisor [for the particular campus requested] for information, guidance and activation of the immigration status.

VETERAN'S BENEFITS STUDENTS

Do you intend to apply for Veteran's Educational Benefits? Yes No

PREVIOUS ENROLLMENT AT AMDA:

Start Date: _____ End Date: _____
MM/DD/YY MM/DD/YY

Reason for leaving AMDA: _____

**If student had a medical withdrawal, please provide proof of medical documentation of clearance.*

Please summarize all activities and/or accomplishments (i.e. community theatre, classes, work) since student's enrollment at AMDA:

OTHER EDUCATION

List below any colleges or other schools attended since leaving AMDA:

NAME OF SCHOOL	LOCATION (CITY, STATE)	DATES ATTENDED (MM/DD/YY TO MM/DD/YY)
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Students who attended other higher education institutions will need to forward their official transcripts to AMDA, Attention: Education Department.

Did you receive financial aid at this/these schools? Yes No

If yes, what type of financial aid did you receive?

Did you receive Federal Student Loans there? Yes No

If yes, what is the current status of this/these loan(s)?

- Currently in repayment
- In grace period (no payments made yet)
- Paid in full
- Defaulted

HOUSING

If readmitted, will you be interested in applying for on-campus housing? Yes No

STATEMENT LETTER

Please attach a letter stating:

1. Why did the student leave AMDA?
2. What has the student been doing since leaving AMDA?
3. Why does the student feel they are ready to return to the program?

Include your name, program and the date in the title of your statement.

STATEMENT OF UNDERSTANDING

I understand that this application cannot be processed if it has not been completed and that all information submitted is true to the best of my knowledge. Any deliberate falsification or omission of application data may result in the denial of readmission. Further, I understand that submitting a completed and factual application does not guarantee my acceptance for readmission.

Applicant's Signature _____

Date _____

FOR OFFICE USE ONLY

Departmental Clearance	Approved?	Initials	Date	Comments
Education Dept	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Financial Aid Dept	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Bursar Dept	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Student Affairs	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____