Instructions for Completing Request for Endorsement Form
FIT Fashion Design Major

1. Print and complete the endorsement documents.

2. The phone number and e-mail address that you provide should be ones that you check on a regular basis. All communication with students applying for endorsement will be through E-mail or phone.

3. Print and complete the endorsement/planning forms
   You and your advisor must sign these forms.

4. Attach a typed personal essay discussing your rationale and goals for attending FIT. Save a file of the essay for future use when you complete your online FIT application.

5. Attach a copy of your latest grade report. A minimum 3.0 GPA is required for endorsement.

6. Your advisor must review your endorsement application. Your application will not be considered unless it has your advisor's signature on the Endorsement Planning Form.

7. Complete the top portion of the STUDENT RESPONSE FORM. Include your signature and the date. DO NOT include your social security number on the response form. The University of Delaware liaison must sign and submit the response form to FIT.

Submit the following documents to the FASH office Rm.211 ALW

- Endorsement Application Sheet with signature
- Visiting Student Response Form
- Endorsement Planning Form (signed by you and your advisor)
- Typed essay of your rational for applying for the specific FIT program
- Copy of latest grade report (3.0 GPA required for endorsement)
DEPARTMENT OF FASHION and APPAREL STUDIES
FIT Endorsement Application Sheet

1-YEAR FASHION DESIGN (AAS)

Endorsement Application for:   ___ Fall  _______ Yr.  FIT Entry Year: 20___

Name: ________________________________

E-mail: ________________________________

Campus Phone: _____________________________

Cell Phone: ________________________________

Home Phone: ________________________________

Home Address: ________________________________

Current GPA: ________________

A 3.0 GPA is required for UD endorsement, at the time of FIT application and during study at FIT.

University of Delaware Major:______________________________

UD academic scholarship or financial aid that will be used for FIT tuition?

   _____Yes
   _____No

FIT Program for which you are requesting an endorsement:

   _____ 1-Year FASHION DESIGN (A.A.S.)

   Design Concentration Specify______________________________

I understand that if I am not admitted to FIT or if I decide not to attend, I may not be able to complete my degree within 4-years. I further understand that the FASH department will not amend my UD curriculum requirements or provide course substitutions to alter my graduation date.

Student Signature ___________________________   Date_______________________
VISITING STUDENT RESPONSE FORM

I have attached this form with my essay to indicate that I understand and agree with the guidelines of the F.I.T. Visiting Student Program, and that I have the permission of my present college to participate in the program.

I understand that if I am admitted to my chosen major at F.I.T. I will be following the One Year Associate Degree program as it is outlined in the F.I.T. Catalogue and that I must complete the entire degree program in residence at F.I.T. before I will be eligible to receive the F.I.T. Associate in Applied Science Degree. I further understand that I will receive my degree from F.I.T. after I have completed the Bachelor Degree requirements at the college I am now attending. **** ANY FINANCIAL AID MUST BE PROCESSED BY THE HOME SCHOOL.

___________________________        ___________________________________
First Name           Last Name

FIT application ID# if known @______________

___________________________                ___________________________
Name of College You Currently Attend                Intended Major at F.I.T.

Expected F.I.T. Entry Date:   Fall 20____                Spring 20____

Date of High School graduation or receipt of GED ________________

________________________________                               _____________________
Signature of Applicant             Date

This applicant has my permission to participate in the F.I.T. Visiting Student program

__________________________ _______________
Name of Campus Liaison (Please Print)

_________________________
Signature of Campus Liaison