

SAN FRANCISCO SCHOOL OF DIGITAL FILMMAKING

925 MISSION STREET #108, SAN FRANCISCO, CA 94103 (415) 824-7000 FAX (415) 824-7007

APPLICATION FOR ADMISSION

All applications are assessed for qualifications in relation to the academic and creative demands of SFSDF's programs.

() Digital Filmmaking Intensive Program Spring 2012: Start: January 30, 2012

- o Day Program (12 Months): Monday – Thursday 10 AM – 4 PM
o Night Program (15 Months): Tuesday, Wednesday, Thursday 6:30 PM – 10 PM + Every other Saturday 10 AM – 4 PM

STUDENT INFORMATION

Last Name First Name Middle Initial Social Security Number

Driver's License Date of Birth Country of Birth Country of Citizenship

Permanent Street address City State Zip Country

Local Street address City State Zip Country

Home Phone Cell Phone E-mail Address

Current Occupation Current Place of Employment

EMERGENCY CONTACT INFORMATION

Name Relationship

Telephone Number (evening) Telephone Number (day)

CITIZENSHIP

- o I am a citizen of the United States
o I am a resident of the United States and a citizen of
o I am an international student and a citizen of

If you are currently living in the US with an international visa, please list the type of visa below (i.e. student or tourist)
expiration date

If you already have a student Visa, please indicate the name and address of the last school you were authorized to attend:

School City State Zip

EDUCATIONAL BACKGROUND

Name of School and Address	Attended (from – to)	Graduation Date	Degree
----------------------------	----------------------	-----------------	--------

Name of School and Address	Attended (from – to)	Graduation Date	Degree
----------------------------	----------------------	-----------------	--------

PROFILE

On a separate sheet of paper please include an essay (1-2 pages) containing a brief personal history, the inspiration behind your desire to study at SFSDF, the skills and experience you would like to acquire and why you think this SFSDF program is right for you. This piece of your application is very important to the admissions process and will be a key piece to your potential acceptance.

LETTER OF RECOMMENDATION

Please provide a letter of recommendation with their contact information, their relation to you (instructor, advisor, employer, or friend) and contact information. The persons you list does not need to be in a position that relates to the program to which you are applying. We are looking for a character reference. Please advise your reference that an Admissions Advisor may contact them.

	()		
Name	Relationship	Phone Number	Email

APPLICATION FEE

The San Francisco School of Digital Filmmaking charges a \$45.00 USD non- refundable application fee to submit your application for admissions. Please enclose a check or money order for \$45.00 USD with your application made payable to SFSDF. If your check is not received with your application we cannot process your application.

APPLICATION CHECKLIST

- () Completed application for admission
- () Profile
- () Letter of Recommendation
- () \$45 non-refundable application fee
- () High School or college transcripts or G.E.D. score report or copy of High School Diploma

FINANCIAL AID

SFSDF provides Financial Counseling to assess your financial needs. Please call in and set up an appointment via phone or in person to discuss in detail.

SFSDF ADMISSIONS DEPARTMENT CONTACTS

Asha Menghrajani, Admissions Representative, 415-824-7000 ext. 308 or asha@sfdigifilm.com

Please mail your application packet that includes: your completed application, profile, letter of recommendation, \$45.00 USD non-refundable application fee and your transcripts to:

SFSDF Attn: Admissions, 925 Mission Street #108, San Francisco, CA 94103

SIGNATURE AND DATE

I certify that the information that I have provided on this application is true and correct to the best of my knowledge.

Student Signature	Print Name	Date
-------------------	------------	------