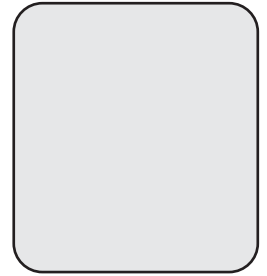


# REGISTRATION FORM



## CONTACT INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_

CITY \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## NEXT OF KIN

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## EDUCATIONAL BACKGROUND

QUALIFICATION \_\_\_\_\_

SCHOOLS ATTENDED \_\_\_\_\_

## AREA OF SPECIALIZATION/MAJOR (CHOOSE ONE)

ACTING  CINEMATOGRAPHY  DIRECTING  EDITING  PRODUCING

SCRIPT WRITING  MAKE UP SPECIAL EFFECTS  ANIMATION

BROADCAST JOURNALISM  GRAPHIC DESIGN  PHOTOGRAPHY

(students will receive basic training in the above listed courses  
but will major in only one area)

EXPERIENCE IF ANY \_\_\_\_\_

DO YOU HAVE ANY HEALTH CHALLENGES \_\_\_\_\_

IF YES, SPECIFY \_\_\_\_\_

## OFFICIAL USE ONLY

NAME \_\_\_\_\_

FIELD OF STUDY \_\_\_\_\_

PAYMENT METHOD \_\_\_\_\_

APPROVAL

