



APPLICATION

APPLICATIONS ARE CONSIDERED AS THEY ARE RECEIVED. SINCE ENROLLMENT IS LIMITED, EARLY APPLICATION IS STRONGLY ENCOURAGED.

STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE () _____ E-MAIL _____

DATE OF BIRTH _____ SEX: M or F SOCIAL SECURITY# _____

ARE YOU A U.S. CITIZEN? YES NO (CIRCLE) IF NOT, OF WHAT COUNTRY ARE YOU A CITIZEN? _____

DO YOU CURRENTLY HOLD PERMANENT RESIDENT STATUS OR AN IMMIGRANT VISA? _____

PARENT/GUARDIAN INFORMATION

NAME OF PARENT(S) OR GUARDIAN(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MOTHER'S/GUARDIAN'S E-MAIL _____

TELEPHONE DAYTIME () _____ EVENING () _____

FATHER'S/GUARDIAN'S E-MAIL _____

TELEPHONE DAYTIME () _____ EVENING () _____

SCHOOL INFORMATION

SCHOOL NAME _____ YOUR GRADE LEVEL _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FULL NAME OF GUIDANCE COUNSELOR/ADVISOR _____

APPLICATION MUST BE ACCOMPANIED BY:

- A ONE-PAGE ESSAY EXPLAINING YOUR INTEREST IN ATTENDING THE INSTITUTE
- A CURRENT HIGH SCHOOL TRANSCRIPT
- A LETTER OF RECOMMENDATION FROM A GUIDANCE COUNSELOR OR TEACHER
- A NON-REFUNDABLE \$25 APPLICATION FEE (MAKE CHECKS PAYABLE TO BOSTON UNIVERSITY)

RETURN COMPLETED APPLICATION TO:

INSTITUTE FOR TELEVISION, FILM & RADIO PRODUCTION
BOSTON UNIVERSITY COLLEGE OF COMMUNICATION
640 COMMONWEALTH AVENUE, BOSTON, MA 02215