

Admissions Application Form West Hollywood Campus

Personal Information							
LEGAL NAME							
Last Name:	First Name:						
Middle Name:							
MAILING ADDRESS							
Street Address:							
City:	State:	Zip:					
Country:							
PERMANENT ADDRESS							
Street Address:							
City:	State:	Zip:					
Country:	Cell Phone:						
Home Phone:	E-mail:						
Fax Number:	Skype ID:	Age:					
Date of Birth (mm/dd/yyyy):	SAG-AFTRA						
Gender:	f the United States? Yes No						
Do you have a Green Card or any other type of Visa? Yes	es O No						
If yes, please explain & include photocopy:							
I confirm that I can speak, write and read English with prof	iciency. Yes No						
Country of Birth:	of Birth: Country of Citizenship:						
How did you learn about the Institute?							

Emergency	Contact Informa	ation					
Name:				Telephone:			
Relationship:							
Sessions ar	nd Programs						
When woul	d you like to begin y	our studies? Choose one	e session only:	Year:			
○ Fall (1	2 Weeks)	○ Spring (12 Weeks)					
○ Winter	r (12 Weeks)		○ Summer (12 Weeks)				
	sted in applying for:						
	me (8 hours per week)						
ALL APPLIC	CANTS (DOMESTIC O	R INTERNATIONAL)					
	Full-time (22 hours per week) One-Year Conservatory (Certificate of Completion Program)				mpletion Program)		
	QUIREMENTS: Along with ttly as described below via	this application you must inclupostal mail.	ude the following iter	ns. Your applicatio	on will not be review	ed until all of these items	
One Photo for identi An Essay (no less th A Résumé/CV of any employment and educe Two Letters of Refer members or significants ix (6) months old. Provice Verification of Previce addition to the above. *Applicants using Vete Non-U.S. Citizens Mimonth) while you are of support and bank a equivalent of available (Highly Recommend government or throug English Language Te	ification purposes only (passpan 125 words and no more the prior training and/or experientation history, regardless of figurence may be from a previous to thers), but at least one must studies college/university All submitted documentation eran benefits must submit trait. UST provide documentation da student at the Institute. (If eccount information). Original funds issued by the bank or led) Health Insurance card phen your employer, we very structing Requirements for Non-	nan 250 words typed) describing younce (experience not mandatory) ty eld. sc/current employer, co-workers, art ist be professional. Both letters musted on letterhead. All letters are to transcripts (if applicable) or copy of must be in English or accompanied nescribts from all previous training. escribing the source of the sufficient the financial statement is in a nambank letters, bank statements, and	our goals in the field of a rped. If you do not have istic professionals, teach st be typed in English, s be submitted in original of high school diploma (d d by an official, notarize int funds you will have a be other than your own, affidavits of support me ication. If you do not ha insurance should you b am minimum requireme	acting and why you we any prior training or there or academic advisigned, dated, and coll hard copy (no photo or its equivalent). Trade English translation vailable to cover for the person whose natust be accompanied leave student health inside admitted to The Stents for international	vish to study at the Instance in acting, prisors. One can be a per ntain contact information ocopies, no faxes, no er aining certificates, if appir if issued in another land tuition and living expendence appears on the accept and accept accept and accept and accept accept accept and accept acc	please include previous rsonal reference (not family on. Letters cannot be more than mails). plicable, are accepted in guage. uses (calculated US \$2,000 per count must submit an affidavit anslation and include the USD ce through your family, institute.	
I certify that to t	he best of my knowledge	that the foregoing information	I have provided on t	his application is a	ccurate and correct.		
Print Name:		1	Sig	gnature:			
Date:							
FOR OFFICIAL U	SE ONLY:						
Date Application Re	ceived:	Interview Date:			Scale (1-10)		
Received by:		Interviewed by:			Accepted: Yes	No	