

2014-15 FORM

Application Form for Two Year Conservatory (Certificate Program) West Hollywood Campus

www.strasberg.com

Personal Information				
LEGAL NAME				
Last Name:	First 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?	es No			
If yes, please explain & include photocopy:				
I confirm that I can speak, write and read English with prof	iciency. O Yes O No			
Country of Birth:	Country of Citizenship:			
How did you learn about the Institute?				

Emergency Co	ntact Information					
Name:			Telep	hone:		
Relationship:						
Relationship.						
Programs						
When would you like to begin your studies? Please note that you must complete the first academic year (3 semesters consecutively).						
○ Fall 2014				er 2015		
Example 1: Fa	II/Winter/Spring & Summer/Fall/Winter	r	Exam	ple 1: Winter/Spring/Summer & Fa		
Example 2: Fa	ll/Winter/Spring & Fall/Winter/Spring		Exam	ple 2: Winter/Spring/Summer & W	inter/spring summer	
○ Spring 2015			Sumn	Summer 2015		
	ring/Summer/Fall & Winter/Spring/Suring/Summer/Fall & Spring/Summer/			ple 1: Summer/Fall/Winter & Sprin ple 2: Summer/Fall/Winter & Sumr		
	REMENTS: Along with this applica s described below via postal mail		owing items. Your a	application will not be reviewed	d until all of these items	
	plication Fee payable by money order		lit card, and personal	check (LIS applicants only)		
• One Photo for identificati	on purposes only (passport size prefe must be 18 years of age or older). Co	red)				
 A Résumé/CV of any prio 	50 words and no more than 1000 wor r training and/or experience (experier					
employment and education history, regardless of field. • Two Letters of Reference may be from a previous/current employer, co-workers, artistic professionals, teachers or academic advisors. One can be a personal reference (not family						
members or significant others), but at least one must be professional. Both letters must be typed in English, signed, dated, and contain contact information. Letters cannot be more than six (6) months old. Professional letters must be issued on letterhead. All letters are to be submitted in original hard copy (no photocopies, no faxes, no emails). • Verification of Previous Studies: High school or college/university transcripts (if applicable) with cumulative grade point average of 75/100 or higher for high school, and a 2.5 or						
higher for college/university. Training certificates, if applicable, are accepted in addition to the above. All submitted documentation must be in English or accompanied by an official English translation if issued in another language.						
• Non-U.S. Citizens MUST provide documentation describing the source of the sufficient funds you will have available to cover for tuition and living expenses (calculated US \$2,000 per month) while you are a student at the Institute. (If the financial statement is in a name other than your own, the person whose name appears on the account must submit an affidavit of support and bank account information). Original bank letters, bank statements, and affidavits of support must be accompanied by an official English translation and include the USD						
• English Language Testing Requirements for Non-Native English Speakers: TOEFL Exam minimum requirements for international admissions consideration: 85 (Internet-based). All						
non-native English speaking applicants are required to submit TOEFL (Test of English as a Foreign Language) results, issued within the past two years. • (Highly Recommended) Health Insurance card photocopy must be included for verification. If you do not have student health insurance, health insurance through your family, government or through your employer, we very strongly advise that you obtain health insurance should you be admitted to The Strasberg Theatre & Film Institute.						
government of through your employer, we very strongly advise that you obtain health historiance should you be dufnitted to the Strasberg Head et a film historiae.						
I certify that to the be	est of my knowledge that the for	going information I have prov	vided on this applic	ation is accurate and correct.		
Print Name:			Signature:			
Date:						
FOR OFFICIAL USE ONLY:						
Date Application Receive	d: Intervi	w Date:	Scale (1-10)	Alternate Acceptance:	:	
Received by:		Interviewed by:		Accepted: Yes	No	