

Graduate Certificate in Digital Video Production

Application

*Please return completed application to Dr. Andy Opel
before beginning the Certificate Program.*

Date of Application _____

Name _____

FSU SN _____

Local Address _____

E-mail Address _____

Local Phone # _____ Local Work Phone # _____

Permanent Address _____

Permanent Phone # _____

Are you a (check one): ___ Master's Candidate ___ PhD. Candidate ___ Special Student

Date of admittance to The Florida State University _____

Major Area of Study _____

Current GPA on all graduate coursework attempted _____

Anticipated Date of Graduation _____

**Graduate Certificate in Digital Video Production
Formal Completion Checklist**

I. Application Materials (date of occurrence)

_____ Application Received

_____ Acceptance to Program

Signature of Program Administrator _____

Date _____

**II. Courses Applied Towards Certificate
(Area Fulfilled, Grade, Course Taken)**

1. Required Course _____ **Foundations of Digital Video Production**

2. Core Area II _____ _____

3. Core Area II _____ _____

4. Core Area III _____ _____

5. Transfer Credits _____ _____
(if any)

Signature _____

Date _____

Transfer Course Form

Name _____ FSU SN _____

Date of Application _____

Name of course that you are applying to replace _____

Reason that you need to replace this course

Name of course being transferred _____

Description of course taken

Institution where you took the course

Phone Number of Institution _____

Date that course was taken _____

*Must be within the three year limit for a graduate certificate substitution.

***Please attach a formal syllabus from the course you have taken and wish to substitute for the requirement.**

Substitution Approval:

Signature of Program Administrator _____

Date _____