

 **SELZNICK
SCHOOL**
Certificate
PROGRAM

I am applying to the L. Jeffrey Selznick School of Film Preservation Certificate Program
 Selznick Graduate Program in Film and Media Preservation

Name: _____
(Last, First, Middle)

Current Address: _____ Permanent Address: _____

Home Telephone: _____ Work Telephone: _____

E-mail: _____ TOEFL Score (if required): _____

Citizenship: U.S. Other _____ Type of Visa _____
(please specify)

Languages: _____

Previous Education: provide institution name, dates attended, degree received, major, and grade point average

1) _____

2) _____

3) _____

References: for each reference provide name, address, and telephone number

Personal _____

Personal _____

Professional _____