



# Seattle Film Institute

## Seattle, Washington

# Application for Bachelor of Arts in Film

Please type or print legibly to minimize delays in processing your application.

Degree you plan to pursue  BA in Film

Term and year you are applying for  Spring (year) \_\_\_\_\_  Fall (year) \_\_\_\_\_

## Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Email Address \_\_\_\_\_ Sex:  Male  Female  
 Birthdate \_\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Social Security Number \_\_\_\_\_

Seattle Film Institute is required to ask all U.S. citizens to identify their race or ethnic group. Your response is optional and will not affect admission to the school. Seattle Film Institute uses race/ethnicity data to remain in compliances with accreditation and Washington State educational requirements.

Are you Hispanic/Latino?  Yes  No  
 White/Caucasion  Black/African American  Native American/Alaskan Native  Asian  
 Hawaiian Native or other Pacific Islander  Other (specify): \_\_\_\_\_

## Previous Undergraduate and Graduate Study

Please list chronologically every college, university, professional school, or other postsecondary institution at which you have studied. Attach additional sheets if necessary. All institutions must be reported.

Undergraduate: Name of College and Location	Date Begun	Date Ended	Degree Awarded / Major / Date Awarded

Undergraduate GPA: \_\_\_\_\_

Graduate: Name of College and Location	Date Begun	Date Ended	Degree Awarded / Major / Date Awarded

Graduate GPA: \_\_\_\_\_

## Signature

I hereby apply for admission to Seattle Film Institute. If admitted, I agree to abide by its regulations. I certify that the foregoing information is true and complete to the best of my knowledge and fully realize that omission or falsification of information will be considered sufficient reason for rejection of this application or for dismissal.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Mail application to:  
SEATTLE FILM INSTITUTE  
3210 16th Ave. W.  
Seattle WA 98119