



THE COLUMBIAN COLLEGE OF ARTS AND SCIENCES

REQUEST FOR ADMISSION TO CERTIFICATE PROGRAM IN DOCUMENTARY FILMMAKING

Please type or print your mailing address in the box:

Name
Street Apt
City State Zip

GWID: _____

Email: _____

Daytime Phone: _____

NOTE: This form must be submitted to CCAS by December 15, proceeding Spring semester of intended enrollment in certificate program.

Intended Graduate Certificate Program: Documentary Filmmaking

Applying for Spring 20_____

Current Graduate Program:

School: _____ Degree: _____

Field of Study: _____ Current GW GPA: _____

Number of certificate credits requested to be counted towards my degree program: _____

Student's signature: _____ Date: _____

Director of Graduate Studies (home program) : _____ Date: _____

Department recommendation: [] Approve [] Partially approved [] Deny

Reasons: _____

[] Admit [] Deny

Nina Seavey _____ Date _____

CSAS action: [] Approved [] Denied

Dean's Comments:

Dean's Signature: _____ Date: _____