

Supplemental Application for Admission USC School of Cinematic Arts

For Office Use Only:	
Date Submitted:	_____
Date Copied:	_____
Completed By (Initials):	_____

This form is required in addition to the University's Application for Admission.

1 Personal Information:

Name: _____ Sex: Female Male
Last First Middle

Social Security or USC ID Number: _____ Birth City & Country: _____ Birthdate: _____ / _____ / _____
Month Date Year

2 Check your incoming status (choose one only):

Freshman Transfer Current USC Student Graduate

3 Circle your ethnic origin code, see back for instructions:

X N B I C F J K V A P M H W L E Q G S

4 Select your intended degree and major (choose one only): *Separate forms are required for each major.*

Division of Animation & Digital Arts	Division of Critical Studies	Division of Film & Television Production	Division of Interactive Media	Division of Writing for Screen & Television	Peter Stark Producing Program	Minors
<input type="radio"/> Bachelor of Arts <input type="radio"/> Master of Fine Arts	<input type="radio"/> Bachelor of Arts <input type="radio"/> Master of Arts <input type="radio"/> Doctor of Philosophy	<input type="radio"/> Bachelor of Arts <input type="radio"/> Master of Fine Arts	<input type="radio"/> Bachelor of Arts <input type="radio"/> Master of Fine Arts	<input type="radio"/> Bachelor of Fine Arts <input type="radio"/> Master of Fine Arts	<input type="radio"/> Master of Fine Arts	<input type="radio"/> Cinema-Television <input type="radio"/> Animation <input type="radio"/> Screenwriting

5 Mark the semester for which you wish to apply:

Fall 20__ Spring 20__

6 Contact information:

Current Mailing Address: _____
City State ZIP Code

Day Telephone: () _____ Evening Telephone: () _____ Fax: () _____

E-mail: _____

Permanent Mailing Address: _____
City State ZIP Code

Other Telephone: () _____ Fax: () _____

7 Parental Information

Upon your acceptance and throughout your time at the USC School of Cinematic Arts, this information will be used to provide you and your parents with the school's InMotion newsletter as well as information on the school's activities and events for students and parents.

Father's Name: _____ Spouse's Name: _____
First Last First Last

Home Address: _____
City State ZIP Code

Business Title: _____ Company Name: _____

Business Address: _____
City State ZIP Code

Home Tel: () _____ Business Tel: () _____ Fax: () _____ E-mail: _____

Mother's Name: _____ Spouse's Name: _____
First Last First Last

Home Address: _____
City State ZIP Code

Business Title: _____ Company Name: _____

Business Address: _____
City State ZIP Code

Home Tel: () _____ Business Tel: () _____ Fax: () _____ E-mail: _____

Signature: _____ Date: _____

8 What will your class standing be at the end of the semester in which you are currently enrolled? (transfers only)

<input type="radio"/> 1st semester Freshman (0-16 units completed)	<input type="radio"/> 1st semester Junior (65-80 units completed)
<input type="radio"/> 2nd semester Freshman (17-32 units completed)	<input type="radio"/> 2nd semester Junior (81-96 units completed)
<input type="radio"/> 1st semester Sophomore (33-48 units completed)	<input type="radio"/> 1st semester Senior (97-112 units completed)
<input type="radio"/> 2nd semester Sophomore (49-64 units completed)	<input type="radio"/> 2nd semester Senior (113-128 units completed)

Total units enrolled in for the current semester: _____

Please note, transfer production applicants must complete at least 48 semester units prior to the beginning of the intended semester.

9 Academic Background

List in chronological order all school and colleges or universities you have attended (use a separate page if more space is required). If you have taken only extension courses at a particular college, please indicate "ext. only" in the space provided for "Diploma/Degree."

Name/Location of School	Attendance Dates		Diploma/Degree
High School:	From:	To:	
University of Southern California	From:	To:	
College 2:	From:	To:	
College 3:	From:	To:	
College 4:	From:	To:	

Important: It is the applicant's responsibility to obtain transcripts from all the schools listed above. USC transcripts may be unofficial; however, grade reports or grade cards will not be accepted.

Ethnic Origin Codes: Enter as many codes as apply. This information is optional.

- | | | |
|--|--|-----------------------------|
| X : International Student/Non-Resident Alien | J : Japanese/Japanese-American | W : White/Caucasian |
| N : American Indian/Alaskan Native | K : Korean/Korean-American | L : Central American |
| B : Black/African American | V : Vietnamese/Vietnamese-American | E : Cuban |
| I : Asian Indian/Indian-American/
Pakistani-American | A : Other Asian/Asian-American | Q : Dominican |
| C : Chinese/Chinese-American | P : Native Hawaiian/Pacific Islander | G : Puerto Rican |
| F : Filipino/Filipina/Filipino-American | M : Mexican/Mexican-American/Chicano/Chicana | S : South American |
| | H : Other Spanish-American/Hispanic/Latino/Latina | |

I certify that the information I have given on this application is complete and correct to the best of my knowledge and that I have attended no institution other than those listed. In order to be evaluated for admission, I understand that I am responsible for submitting all required admissions materials, as listed in this application, and official transcripts from all the schools attended (including USC), and that all materials become the property of the USC School of Cinematic Arts. I further acknowledge that falsification of this application, supplemental materials and/or any academic transcript is grounds for disqualification.

Name (print):	_____
Applicant Signature:	_____
	Date: _____

This form is required in addition to the University's Application for Admission.

Return this form and required supplemental material directly to the Division for which you are applying. Additional copies of this form may be printed at <http://cinema.usc.edu>.