

APPLICATION NUMBER			
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I. SCHOOL INFORMATION

DATE OF APPLICATION:		NAME OF SCHOOL/COLLEGE/UNIVERSITY:	
ADDRESS:			

1X1 ID PICTURE

II. STUDENT'S INFORMATION

FULL NAME:		STUDENT NUMBER:	
COURSE PROGRAM:		NAME OF COLLEGE/DEPARTMENT:	
EMAIL:	MOBILE:	TELEPHONE:	ONLINE PORTFOLIO (if any):

III. THESIS / CAPSTONE FILM PROPOSAL

TITLE:	LOGLINE:
DIRECTOR'S STATEMENT:	

IV. THESIS / CAPSTONE ADVISER'S INFORMATION

FULL NAME:	DESIGNATION:
NAME OF COLLEGE/DEPARTMENT:	EMAIL:
MOBILE:	TELEPHONE:

V. ATTACHMENTS

☐ Student's latest Enrollment Form and/or School ID

☐ Certified True Copy of latest student evaluation / grade report

☐ Official Letter of Endorsement for the Student from the Department Chair/Head/College Dean (Template provided)

☐ Work and Financial Plan (Template provided)

☐ Final Production Script

☐ Portfolio/reel, if any

VI. TERMS OF AGREEMENT

☐ I hereby certify that the above information given is true and correct and authorize FDCP to secure my details for their database.

FULL NAME OF THE OFFICIAL REPRESENTATIVE

SIGNATURE