



GENERAL GUIDELINES FOR STUDENTS

WELCOME TO DIGITAL FILM ACADEMY!

We look forward to a rewarding experience working as a team for your educational enjoyment.

Our goal is to present materials to you that will prepare you for a particular skill as well as prepare you for certification in the field you have chosen.

Digital Film Academy recognizes that both student and institution have certain responsibilities. "We" as the administration and instructors have the responsibility to present educational material through lectures, labs, visual aids, books and other tools that we have found to be appropriate. The institution will teach only from its approved curriculum. "You" the student, have the responsibility of attending classes, taking notes, completing assignments and conducting yourself in a professional manner at all times. Please comply with classroom regulations and classroom policies.

If you feel you are unable to keep up with the assignments, it is your responsibility to meet with your instructor on an individual basis to resolve any problems you are having. If you are still unable to resolve the problem, then you may request a meeting with the Director of Student Services. If you still feel the problem has not been resolved, then you may put your request in writing for an appointment with the School Director.

We recognize that ***you*** are the most important part of the educational process, and we hope that you will follow the above procedures in order to prevent any misunderstandings or confusion.

I am signing below to acknowledge that I have read and understood the above statement:

Print Name

Date

Student's Signature



Student Profile

APPLICANT'S NAME: _____ , _____
(Last) (First)

ADDRESS: _____
(Street) (Apt #) (City) (State) (Zip)

TELEPHONE #: Home Phone: () _____ Mobile Phone: () _____

EMAIL: _____

EMERGENCY CONTACT: () _____ Relationship: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: ____ / ____ / ____

ARE YOU A U.S. CITIZEN? : _____ IF RESIDENT ALIEN, LIST NUMBER: _____

WHAT IS YOUR ETHNICITY? _____

WHAT PROGRAM ARE YOU INTERESTED IN?

☐ 1-Year Digital Filmmaking Conservatory ☐ Advanced 1-Year Digital Filmmaking Conservatory

HOW DID YOU HEAR ABOUT DIGITAL FILM ACADEMY?

☐ Ad on TV ☐ Google ☐ Craigslist Ad ☐ Facebook ☐ Google+ ☐ Twitter
☐ Youtube ☐ DFA blog ☐ Other blog ☐ Trade fair (kindly specify below) ☐ Flyer
☐ Somebody at school told me ☐ Other ()

NAME OF HIGH SCHOOL ATTENDED: _____

PLEASE SELECT YEAR COMPLETED: 9 10 11 12 DATE GRADUATED: _____
(Month/Year)

DO YOU HAVE A H.S. EQUIVALENCY DIPLOMA (GED)? YES __ NO __ YEAR: _____

NAME OF COLLEGE OR OTHER SCHOOL ATTENDED: _____

NAME OF MAJOR? _____

ADDRESS: _____
(Street) (Apt #) (City) (State) (Zip)

DID YOU EARN A CERTIFICATE OR DEGREE? : YES __ NO __ YEAR: _____

HAVE YOU EVER BEEN MARRIED? : YES __ NO __ IF YES, MAIDEN NAME: _____

PREVIOUS/PRESENT EMPLOYER: _____

TELEPHONE #: () _____ HOURS OF WORK from: _____ to: _____

****The information listed above is true and accurate to the best of my knowledge (Please sign)***

Applicant Signature DATE: _____ DATE: _____
Admissions Representative



Student Information

Name: _____

Social Security #: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Phone # (Day): _____ Phone # (Other/Cell/Pager): _____

Cellular Company (for text notifications), example: T-Mobile / Verizon etc: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

Program Enrolling In (*Check Which*): One Year Digital Filmmaking_____

Advanced Digital Filmmaking_____

PERSONAL INFORMATION (Please let us know if you have any specific *medical conditions*, or if you are taking any kind of medication, etc. ***This will be kept strictly confidential***). If none, just write "None" below.



Student Personal Statement

Applicant's Name: _____, _____ Date: _____
(Last) (First)

1. What events in the world today are important to *you*? _____

2. What are your educational goals? _____

3. What are your career goals? _____

4. Why do *you* want to attend Digital Film Academy? _____

5. Describe your *outstanding* characteristics: _____

6. Describe your weaknesses: _____



AUTHORIZATION CONSENT FORM

I, _____, hereby authorize the Digital Film Academy to release information to agencies and other institutions as it relates to my training at the institution.

Furthermore, I also authorize the release of personal information to the Digital Film Academy.

Name (*Please Print*): _____

Social Security #: _____

Signature: _____ Date: _____



DRUG-FREE CAMPUS POLICY

Student Grievance Procedure

A student may, at any time, informally discuss with his/her Teacher, Student Advisor or Director of Education a matter which may become a grievance. If the results of such a discussion are unsatisfactory, the student may file a written grievance with the School Director. The nature of the grievance should be dated and described with the action sought.

The School Director will meet with the involved and concerned parties to resolve the grievance. The decision of the School Director will be made within a reasonable time and shall be final.

Drug-Free Campus Act

As a student of the school, I acknowledge the receipt of the institution's drug-free school and workplace policy which includes:

- Disciplinary action that the school will take against the students or employees who violate the policy
- A description of health risks associated with the use of illicit drugs or alcohol abuse
- A description of federal, state and if applicable, local laws and penalties for unlawful possession or distribution of illicit drugs and alcohol

DATE: _____

NAME (Please Print): _____

SIGNATURE: _____



Student Services Evaluation

For Students

Applicant's Name: _____
Last Name First Name

Social Security #: _____ - _____ - _____

Does the applicant appear eager to become a student? Yes ___ No ___

Does the applicant (*or their children*) have any medical problems? Yes ___ No ___
(If yes, explain): _____

Will medical problems impact attendance? Yes ___ No ___
(If yes, explain): _____

Has applicant ever used drugs? What kind? _____ Yes ___ No ___
♦ Were they admitted into treatment program? Where? _____ Yes ___ No ___
♦ Currently in treatment program? Yes ___ No ___

Method of transportation? _____ Yes ___ No ___

Has applicant put enough money aside in their budget for travel? Yes ___ No ___
(If no, explain): _____

Does the applicant have any children? Yes ___ No ___
(If yes, list number & ages): _____

Is child care an issue? Yes ___ No ___
(If yes, is there a strong plan in place to provide child care?) Yes ___ No ___

Does the applicant have any special needs? (*i.e.* – vision, hearing, learning, etc.)
Yes ___ No ___ (If yes, explain): _____

For Office

Level of confidence you have in student graduating as demonstrated by evaluation:
High ___ Low ___

Level of confidence in job placement after graduation based on this evaluation:
High ___ Low ___

Any indication of behavioral problems exhibited by applicant? Yes ___ No ___
(If yes, explain): _____

Are there any potential obstacles to learning that should be noted? Yes ___ No ___
(If yes, explain): _____

Do you recommend the applicant be admitted into the program? Yes ___ No ___
Comments: _____

Student Services Director: _____

Date: _____



(for office use only)

Admissions Evaluation

Applicant's Name: _____ Date: _____

Admissions Rep: _____

How was the applicant dressed? Good _____ Presentable _____ Poor _____

What is the demeanor/attitude of the applicant? Good _____ Presentable _____ Poor _____

Does the applicant appear eager to become a student? Yes _____ No _____

Is the applicant responsive to questions asked? Yes _____ No _____

Was the applicant on time for his/her appointment? Yes _____ No _____

How would you describe the applicant's personality? : _____

Should the applicant be accepted into the program? Yes _____ No _____

Give your reason (s): _____

Do you believe the applicant is likely to graduate from this program? Yes __ Possibly __ No __

Describe any special need (s) the applicant might have requiring the institution's intervention:

Additional Comments:



Additional documents

We will also need the following documents (scanned images (as a PDF or JPEG) or photocopies) from all applicants:

- Proof of Education (High School or GED or college diploma/degree)
- Social Security Card
- Photo ID (Driver's License / Passport / Green Card)

Veterans

If you are a Veteran who served in the U.S. military, please also include now or later the following:

- Certificate of Eligibility from the V.A. (Veteran's Administration)
- DD-214

How to send us these documents

When you submit documents, please ask us to confirm we received them. If we do not confirm, then it is possible we did not receive them. You can:

1. scan and email them to: tom.griffin@digitalfilmacademy.edu

OR

2. take a clear photo with your smartphone and email to:
tom.griffin@digitalfilmacademy.edu

OR

3. make photocopies and mail to us at...

*ATTENTION: Tom Griffin, Director of Admissions
Digital Film Academy
630 Ninth Ave (Suite 901)
New York, NY 10036, USA*

OR

4. bring the documents to our school and we will make photocopies. If possible, it is recommended that you make an appointment first, by emailing / calling us beforehand.

OR

5. Fax us the documents at 917.398.9853 (If you are faxing us from outside the USA, please use country code +1 for the USA at the start). Since we use a virtual fax, after you have faxed us please notify us afterwards by email or phone, so we can check and confirm we received everything.



Portfolio – guidelines for submitting portfolio of prior work

Please complete **only** if applying for Advanced One Year Program.

In order to enter Digital Film Academy's Advanced One Year Program, you will need to submit 1 to 3 examples of previous projects you have worked on. Choose your best work.

Applicant name:

Project # 1

Insert link here (from YouTube, Vimeo or other):

What exactly did you do on this (Screenwriting? Camera operation? Audio? Editing?)? Be as specific as possible, regarding which camera used, which editing system you used etc:

.....
.....
.....

Project # 2

Insert link here:

What exactly did you do on this (Screenwriting? Camera operation? Audio? Editing?)? Be as specific as possible, regarding which camera used, which editing system you used etc:

.....
.....
.....

Project # 3

Insert link here:

What exactly did you do on this (Screenwriting? Camera operation? Audio? Editing?)? Be as specific as possible, regarding which camera used, which editing system you used etc:

.....
.....
.....



Accommodation – housing details

Only complete this form if you are NOT a resident of New York City and you will require student housing. We will respond with some possible options for you to consider.

Family name: _____

First name: _____

Gender: male / female

Tel: _____

(include country code, if outside USA)

Email: _____

When do you expect to begin your studies at Digital Film Academy?

2016 May 2016 September 2017 January 2017 May 2017 September

Arrival date in New York City (mm/dd/yyyy):

Departure date (mm/dd/yyyy):

What is your available monthly budget for accommodation:

Lowest US\$ _____ to Highest US\$ _____

Please choose: Single / Shared / I don't mind.

Please choose: Smoking / Non-smoking / I don't mind.

Any special requirements (example: allergies?) _____

Comments / anything else:

By completing this form you understand and acknowledge that we will pass your contact details to 3rd party housing providers. Using such housing providers is optional. Digital Film Academy is not liable for any damages or losses resulting from your interaction with such parties.

Type your initials here to confirm you have read, understood and agree with the above paragraph: _____