

I. SCHOOL INFORMATION

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

II. REPRESENTATIVE'S INFORMATION

NAME OF OFFICIAL REPRESENTATIVE TO AFS:			
OFFICIAL DESIGNATION:		NAME OF OFFICE/UNIT:	
EMAIL:	MOBILE:	TELEPHONE:	WEBSITE:

III. FILM PROGRAM

TITLE OF FILM PROGRAM OR RELATED COURSE PROGRAM:	CURRENT STUDENT POPULATION OF THE PROGRAM:
NAME OF STUDENT FILM ORGANIZATION (IF ANY):	NUMBER OF MEMBERS:

IV. ATTACHMENTS

- Official Letter of Intent addressed to the Chairperson and CEO of FDCP (signed by the School Principal / College Dean / Chairperson / Director)
- For colleges and universities offering AB Film (or equivalent): Copy of Film Program Curriculum
- For schools, colleges, and universities offering AB Mass Communication (or equivalent) and Special Program in the Arts (SPA) courses: Copy of Syllabus of film subject or film-related subject
- Certificate of Recognition for Student Film Organization

V. TERMS OF AGREEMENT

<input type="checkbox"/> 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