

Application for CINE 532: Summer International Documentary Workshop

Please email this form to Professor Weimin Zhang at weimin@sfsu.edu

PERSONAL INFORMATION

Name: _____

SFSU ID: _____

E-Mail: _____

Phone: (____) ____ - _____

Major and year: _____

GPA: _____

Sem/Yr CINE 310 or 710 completed: _____

or describe equivalent experience: _____

QUESTIONNAIRE

List films you have made and/or films you have worked on. What were your roles?

Film: _____

Role: _____

Film: _____

Role: _____

Film: _____

Role: _____

Film: _____

Role: _____

List digital cameras you know how to operate:

Camera 1: _____

Camera 2: _____

Camera 3: _____

Camera 4: _____

Do you have experience with Final Cut Pro? _____

How proficient are you? _____

Do you have a laptop with FCP installed? _____

Do you have a digital video camera kit? _____

What other advanced production courses have you taken? _____

Why do you want to take this program? _____

Can you afford this program? _____