

DEPARTMENTAL APPLICATION

The University of Iowa
Film Studies Program

NOTE: This form should be returned directly to The University of Iowa, Dept. of Cinema and Comparative Literature, Graduate Admissions, E210 Adler Journalism Building, Iowa City, IA 52242-2004. This form is **NOT** itself an official application. To apply, you must submit the official Application for Admission to the Graduate College, together with the application fee, official transcripts, and GRE Test scores, directly to the Office of Admissions, 107 Calvin Hall by January 1, 2009. International applicants must also submit TOEFL scores and a financial statement. A second set of official transcripts should be submitted to the Department by January 1st, along with a Statement of Purpose, an Application for Graduate Awards, Three (3) Letters of Recommendation (including cover letter), a Departmental Financial Aid Form, and this form.

1. **NAME:** (Last) _____ (First) _____ (Middle) _____

2. **PHONE:** (work) _____ (home) _____

3. **E-MAIL ADDRESS:** _____

4. **MAILING ADDRESS:** _____

5. **DEGREE OBJECTIVE (CHOOSE ONE):** _____ MA _____ PhD

6. **AREAS OF INTEREST:** (Briefly identify any specific interest you have. Give additional details in your Statement of Purpose.)

7. **PREVIOUS ACADEMIC EXPERIENCE:**

Institution	Major	Degree	Dates Attended
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

8. **PREVIOUS ACADEMIC PERFORMANCE:**

Overall undergraduate GPA _____

Graduate work GPA _____

9. **RESEARCH SKILLS** (such as foreign languages, production experience, computer skills, linguistic study):

10. **PREVIOUS WORK EXPERIENCE** (If you have special skills or work-related experience that may affect your appointment as a teaching or research assistant, please explain them on the Departmental Application for Financial Aid.)

11. **EXAMINATION SCORES:**

GRADUATE RECORD EXAMINATION:

V _____ Q _____ A _____

GRE not taken yet _____ Date test to be taken _____

TOEFL (*if applicable*):

Listening: _____ Writing: _____ Reading: _____ Speaking (*if applicable*): _____

Total Score: _____ Test date: _____

12. **REFERENCES:** (Please list the names of the three individuals you are asking to write on your behalf. We do NOT send a form to your references. It is your responsibility to see that all three letters of recommendation reach us by January 1st.)

Name

Institution
