

Graduate Certificate in Digital Video Production

Application

Please return completed application to the School of Communication's main office by the end of the first semester during which you are taking a Certificate Program course.

Date of Application _____

Name _____

FSU ID _____

Local Address _____

E-mail Address _____

Local Phone # _____ Local Work Phone # _____

Permanent Address _____

Permanent Phone # _____

Are you a (check one): ___ Master's Candidate ___ PhD. Candidate ___ Special Student

Date of admittance to The Florida State University _____

Major Area of Study _____

Current GPA on all graduate coursework attempted _____

Anticipated Date of Graduation _____

Graduate Certificate in Digital Video Formal Completion Checklist

I. Application Materials (date of occurrence)

_____ Application Received

_____ Acceptance to Program

Signature of Program Administrator _____

Date _____

II. Courses Applied Towards Certificate (Area Fulfilled, Grade, Course Taken)

Area	Grade	Course	Semester
1 – Foundations		COM 5364 Foundations of Digital Media	
2a – Specialization			
2b – Specialization			
3 - Theory			

Transfer credit: _____

Signature _____

Date _____

Transfer Course Form

Name _____ FSU ID _____

Date of Application _____

Name of course that you are applying to replace _____

Reason that you need to replace this course

Name of course being transferred _____

Description of course taken

Institution where you took the course

Phone Number of Institution _____

Date that course was taken _____

*Must be within the three year limit for a graduate certificate substitution.

***Please attach a formal syllabus from the course you have taken and wish to substitute for the requirement.**

Substitution Approval:

Signature of Program Administrator _____

Date _____