



LIBERTY  
UNIVERSITY.  
CINEMATIC ARTS  
ZAKI GORDON CENTER

**Personal Information:**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Year Interested in attending:** \_\_\_\_\_

**Your Street Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_ @liberty.edu

**LU ID:** \_\_\_\_\_ **Classification:** \_\_\_\_\_ **On-Campus Student?** \_\_\_\_\_

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**\*Please attach the following:**

- One letter of Recommendation from a Liberty Faculty Member or Past/Present Employer
  - Typed 1,000 word essay/pitch on your idea for an independent film
  - TRANSFER STUDENTS ONLY: Unofficial transcripts from any additional university you have attended.
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**Describe your background and interest in film making.**

(What does film making mean to you? How will film school help you reach your goals?)

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