



ACCESS TRAINING COURSE APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Name of program: _____

Phone #: _____ Cell #: _____

E-MAIL: _____

Organization (If Applicable): _____

Main Area of Interest: _____

(STUDIO, EDITING, ENG)

Studio Location: _____

Special Skill/Talent: _____

(The section below must be completed by the students taking the program for school credit)

School: _____

Major: _____

Are you taking this for a project or community service? _____

How many hours are required? _____

Advisors Name: _____ Phone #: _____

Additional Information: _____

For Internal Use Only

Approved by: _____

Date processed: _____