



Studio

**APPLICATION FOR INTERNATIONAL STUDENT STATUS**

120 BANK STREET, NEW YORK, NEW YORK 10014 212-675-2370 fax 212-675-2387

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Last First Middle Month/Day/Year

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Outside of the U.S.) \_\_\_\_\_

Telephone Number \_\_\_\_\_ e-mail \_\_\_\_\_

Local Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

DO YOU SPEAK ENGLISH FLUENTLY? YES \_\_\_ NO \_\_\_ (if "no" explain on back)

STUDENTS ARE REQUIRED TO TAKE THE TOEFL TEST Please attach a copy of your TOEFL transcript. YOUR SCORE \_\_\_\_\_ OR SUPPLY A DVD (with 2 contrasting monologues in English).

ARE YOU TRANSFERRING FROM ANOTHER SCHOOL? YES \_\_\_ NO \_\_\_  
(If "YES" please explain on the back, and include copies of your Visa, I-20, I-94, etc.)

ARE YOU EXTENDING A CURRENT U.S. IMMIGRANT STATUS? YES \_\_\_ NO \_\_\_  
(If "YES" please explain on the back, and include copies of your Visa, I-20, I-94, etc.)

PERIOD OF STUDY: \_\_\_ ONE YEAR (4 TERMS) \_\_\_ THREE TERMS \_\_\_ TWO TERMS  
BEGINNING WITH THE: \_\_\_ FALL TERM \_\_\_ WINTER TERM \_\_\_ SPRING TERM \_\_\_ SUMMER TERM

HOW DID YOU HEAR ABOUT HB STUDIO ? \_\_\_\_\_

- PLEASE ATTACH:
1. YOUR THEATRICAL RESUME (SEE ATTACHED RESUME SAMPLE).
  2. YOUR STATEMENT OF PURPOSE (ONE PAGE OR LESS).
  3. TWO LETTERS OF RECOMMENDATION (IN ENGLISH).
  4. THE FINANCIAL STATEMENT FROM A BANK OR OTHER FINANCIAL INSTITUTION. (IN ENGLISH OR WITH TRANSLATION)
  5. IF REQUIRED, THE LETTER OF SUPPORT OR AFFIDAVIT ACCOMPANYING YOUR FINANCIAL STATEMENT.

REFER TO HOW TO APPLY FOR F-1 STATUS INSTRUCTIONS FOR DETAILS (Enclosed)

NOTE: APPLICATIONS WILL NOT BE CONSIDERED UNTIL ALL DOCUMENTS HAVE BEEN SUBMITTED.  
LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.  
PLEASE REFER TO THE INFORMATION SHEET FOR DEADLINE DATES.  
SUBMISSION OF A COMPLETED APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE PROGRAM.  
DO NOT SEND MONEY WITH YOUR APPLICATION.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_