



Student Enrollment Agreement for the Continuing Student Professional Training Program

Student's Legal Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____ Student Phone: _____

Student Email Address: _____ Date of Birth: _____

ACCEPTANCE

If you wish to accept this invitation to return and reserve your place to continue in the Professional Training Program, please check one of the below boxes and fax this form to the Registrar's Office at 212.414.4568 or email this form to registrar@sft.edu.

☐ I accept your offer of a place in the Professional Training Program as stated in my acceptance letter, and I have read the supplemental Terms & Conditions of Enrollment and accept them in their entirety.

Please check the box next to the year you are entering:

☐ Film and Television Year – 2nd Year

DECLINE OFFER

If you do not wish to accept our offer, please check the below box and fax or email this form to the Registrar's Office.

☐ I do not plan to return to the New York Conservatory for Dramatic Arts.

Please advise us about your reason for not returning to the Conservatory.

SIGNATURE: _____ DATE: _____