

RUTGERS FILMMAKING CENTER

NEW LENS FILM FESTIVAL

Application for Submission

NAME:

YEAR OF GRADUATION:

PHONE #:

EMAIL:

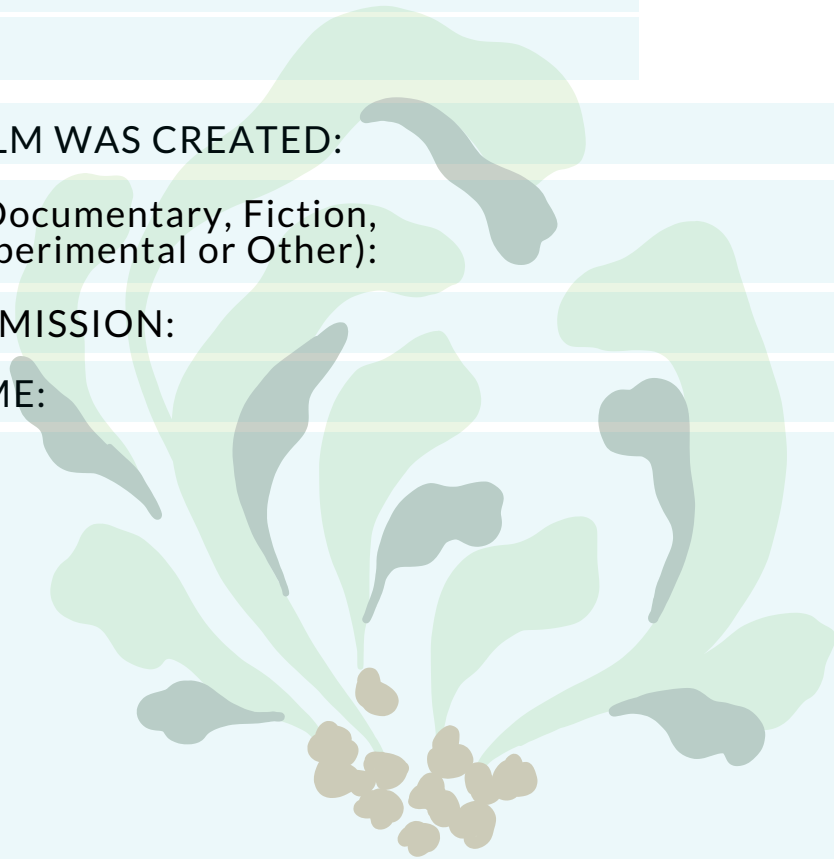
SEMESTER FILM WAS CREATED:

CATEGORY (Documentary, Fiction, Animation, Experimental or Other):

TITLE OF SUBMISSION:

RUNNING TIME:

SYNOPSIS:



By signing below you understand that your work will become a part of the Rutgers Filmmaking Center archive and may be used within the University for academic purposes. It is the responsibility of the filmmaker to communicate this to ALL parties involved with the film.

SIGNATURE:

DATE: