
CENTRE FOR CROSS-CULTURAL RESEARCH

Visiting Scholars Program - Postgraduate Student Application Form

CROSS-CULTURAL DOCUMENTARY: AN EMPIRICAL ART

Surname	_____
First name(s)	_____
Contact Address	_____ _____
Telephone	_____
Email	_____
Enrolling Institution	_____
Department	_____
Degree (if applicable)	MA <input type="checkbox"/> PhD <input type="checkbox"/>

SUPERVISOR'S DETAILS:

Name	_____
Institution & Department	_____ _____
Email	_____
Does your supervisor support your application?	Yes/No (Please circle)
Supervisor's Signature	_____
Date	_____

Please attach to this form

A statement of no more than one page indicating your background as it relates to cross-cultural documentary filmmaking, and your particular interests in its creative aspects.

APPLICATIONS SHOULD BE RETURNED BY 22 JULY 2005 TO --

Suzanne Groves
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Canberra ACT 0200

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