**Application for Admission - Filmmaking**

**Second Year Program – Cinematography Course**

**September 4, 2026 – May 21, 2027**

Office of Admissions

Prague Film School

Pstrossova 19, 110 00 Prague 1

Czech Republic

E-mail: admissions@praguefilmschool.cz (applicants are notified within 2 business days regarding receipt of materials. If an applicant does not hear back from the school, he or she should contact the school by telephone at +420 257534013.)

**I. Personal Information**

First Name:

Last name:

Nationality(ies):

Male o / Female o

Address:

City:

Post Code:

Country:

Telephone:

Mobile telephone:

E-mail:

Date of Birth:

**II. Program**

**SECOND YEAR PROGRAM**

o September 4, 2026 - May 21, 2027 (winter break December 19, 2026 – January 10, 2027)

**III. Program-Related Information – for non PFS students only**

1. **(Non-PFS applicants only)** Statement of Purpose

Please provide statement of purpose, addressing the following:

* Reasons why you wish to study in the second-year cinematography course
* Your expectations from the program
* Your professional and academic background in cinematography

2. **(Non PFS applicants only)** Creative Portfolio:

Please submit one sample (show reel, film, commercial, music video clip, etc) of what you believe to be the best example of your creative work.

3. **(Non PFS applicants only)** Letters of Recommendation**:**

Provide two letters of recommendation from two people, unrelated to you, who know you well. We are primarily interested in your creativity, intellectual and people skills.

**5. (Non PFS applicants only)** CV – Optional **(sent as pdf attachment)**

**6. (Non PFS applicants only)** Photo – Optional

**IV. Tuition Fees**

**Please choose the relevant option:**

* Tuition Fee, General: 21,900 Euro

Equipment Fee: 980 Euro

* Tuition Fee for PFS Year Program Graduates: 15,900 Euro

Equipment Fee: 980 Euro

**V. Accommodation**

**Please choose the relevant option:**

* Will arrange own accommodation
* Shared flat option:

1-year film school (housing for 9 months, Sept-May): 10,350 Euro

**VI. Healthcare Insurance**

**Applicants are expected to arrange their own medical insurance.**

**VII. Signature**

**By typing my name below I confirm that all of the information I provided above is correct. By typing below I also provide my consent for my personal data to be used for school administrative purposes in communicating with me by email, phone or post in relation to my enrollment at Prague Film School. In the event I am applying for a Czech Visa, I also understand that the Ministry of Interior may request to review my application file to confirm the legitimacy of my visa request. By typing my name below I consent to the sharing of this information.**

Name, Surname …………………………………………….

Date, Place ……………………………….