

Portfolio Submission Form
ACM ANIMATION

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|--|--|-------------|
| Name | | Student ID# |
| | | |
| Address | | Phone |
| | | |
| | | E-mail |
| | | |
| How would you prefer we contact you? | | |
| Are you an ACM major, or do you plan to major at ACM? | | |
| What are your current career goals? | | |
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Portfolios will not be returned, unless they can be picked up at a specified time.
We will contact you when your review is complete. Selection may not be completed until registration week.

Please sign to confirm agreement with terms.

| | |
|--|------|
| | Date |
|--|------|

All portfolios must be clearly and securely labeled with your name and contact information.