



SCHOOL of COMMUNICATION

Application Procedures
for the May 2025 Semester in Los Angeles
May 12-18, 2025
May 12-18, 2025 Deadline

1. Application Form: Complete the attached application form. Incomplete application forms will be discarded. Applicants must be sophomores by Summer 2025 and with a minimum GPA of 2.75 to qualify for this program.

All majors are welcome and students from any School or College are eligible to apply. This program welcomes graduate students.

Course Instructor approval is required to enroll.

Please provide a copy of your latest unofficial transcript.

2. Letter of Recommendation: Ask a faculty member in your department (other than UMLA Faculty Advisors) to complete and return the attached recommendation form to Joselyn Garcia at joselyn@miami.edu by November 4, 2024. Be sure to complete your section on the recommendation form before giving it to them.

3. UMLA 2025 Details: Visit com.miami.edu/umla for further details on the 2025 program.

4. Submission: Submit your duly completed application form to Joselyn Garcia at joselyn@miami.edu by November 4, 2024 at 5:00 pm:

5. Notification: You will be notified of your acceptance in the program by November 15, 2024. Please respond with your intent to participate by December 15, 2024.

For more information, please contact:

Professor Christina Lane, clane@miami.edu, 305-384-3657

Professor Ana François, a.francois@miami.edu, 305-284-5201

Joselyn Garcia, joselyn@miami.edu, 305-284-5236

PLEASE RETURN THIS FORM DIRECTLY TO: Joselyn Garcia, joselyn@miami.edu, Office of Graduate Studies



SCHOOL of COMMUNICATION

Application Form for the Spring 2025 Semester in Los Angeles

(Please Print/Type Your Answers)

DEADLINE: NOVEMBER 4, 2024

DATE OF THIS APPLICATION:

FIRST AND LAST NAME:

UM ID NUMBER (C#):

E-MAIL ADDRESS:

PHONE NUMBER:

MAJOR:

MINOR(S) OR SECOND MAJOR:

CLASS STANDING NOW:

REQUISITE: YOU MUST BE A SOPHOMORE BY SUMMER 2025.

OVERALL UM GPA:

REQUISITE: ATTACH A COPY OF YOUR LATEST UNOFFICIAL TRANSCRIPT

LIST EXTRACURRICULAR/PROFESSIONAL ACTIVITIES/INVOLVEMENT IN YOUR MAJOR:

1.

2.

3.

PLEASE RETURN THIS FORM DIRECTLY TO: Joselyn
Garcia, joselyn@miami.edu, Office of Graduate Studies

TELL US MORE ABOUT ANY SPECIFIC PROFESSIONAL (E.G., WORK, INTERNSHIPS) OR EXTRACURRICULAR ACTIVITIES THAT MAKE YOU UNIQUELY QUALIFIED FOR UMLA.

TELL US WHY YOU ARE INTERESTED IN UMLA, AND HOW THIS EXPERIENCE WILL SUPPORT YOUR LONG-TERM ACADEMIC AND/ OR PROFESSIONAL GOALS.

PLEASE RETURN THIS FORM DIRECTLY TO: Joselyn Garcia, joselyn@miami.edu, Office of Graduate Studies



WHAT AREA(S) OF THE MEDIA INDUSTRY ARE YOU MOST INTERESTED IN AND WHY?

IF THE PROGRAM HAS LIMITED ENROLLMENT THIS YEAR, ARE YOU WILLING TO BE PLACED ON A WAITING LIST?

IF THERE IS NO MORE AVAILABILITY, ARE YOU INTERESTED IN NEXT YEAR'S PROGRAM?

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Recommendation Form for the May 2025 UMLA
DEADLINE: NOVEMBER 4, 2024

TO THE STUDENT: PLEASE PRINT/TYPE YOUR FULL NAME, FILL IN OTHER REQUIRED INFORMATION, SIGN THE STATEMENT ABOUT THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, AND GIVE THIS FORM TO THE FACULTY MEMBER OF YOUR CHOICE IN YOUR DEPARTMENT TO COMPLETE.

Under the provisions of the Educational Rights and Privacy Act of 1974,

I do **I do not waive my right to review this document.**

STUDENT'S FULL NAME:

STUDENT'S E-MAIL ADDRESS:

STUDENT'S UM ID NUMBER (C#):

STUDENT'S SIGNATURE:

TO THE FACULTY MEMBER (OTHER THAN DR. LANE OR PROF. FRANCOIS): PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE APPLICANT:

1. HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

2. WHAT KINDS OF SKILLS AND TALENTS MAKE THIS APPLICANT WELL-SUITED FOR UMLA?

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3. TO THE EXTENT THAT YOU CAN, PLEASE SPEAK TO THE APPLICANT'S PROFESSIONAL AND PERSONAL DEMEANOR, HIGHLIGHTING SUCH QUALITIES AS CHARACTER, MATURITY, RESPONSIBILITY, LEADERSHIP, AND TEAMWORK.

4. BASED ON YOUR KNOWLEDGE OF THE APPLICANT, HOW DO YOU SEE THIS PROGRAM BENEFITTING THE APPLICANT AND SUPPORTING THEIR PROFESSIONAL AND / OR ACADEMIC AND/OR PROFESSIONAL GOALS?

5. DO YOU HAVE ANY CONCERNS OR CONSIDERATIONS PERTAINING TO THE APPLICANT THAT YOU SUGGEST WE FACTOR INTO THIS DECISION?

6. DO YOU RECOMMEND THE APPLICANT FOR THE PROGRAM? CHECK ONE.

YES, WITHOUT RESERVATION

YES, WITH SOME
RESERVATION(S) NOTED ABOVE

NO

PRINTED NAME:

TITLE:

SIGNATURE:

DATE:

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