

**Film – Studio Experience or
Independent Study**

Office Use

Section # _____ Class # _____ Date _____

Petition for Approval
(circle one)

THFM 4880 Theatre and Film Studio Experience

THFM 4900 Independent Study (Title Opt. max 25 spaces) _____

Print Student Name _____ ID # _____

Major: _____ Current GPA: _____

Street Address: _____ City _____

State _____ Zip _____ Phone _____ email: _____

of Unit Hours Requested: _____ Current Class Standing: ____Fr. ____Soph. ____Jr. ____Sr.

SEMESTER (circle): **Fall Spring Summer**: 1st 6 wks 2nd 6 wks 8 wks **Year**: _____

Proposal and Its Objectives – Please **attach** a typed two page proposal that states the (a) purpose of the project, (b) the equipment to be used and (c) the production and post production schedule.

Signature of Student

Endorsement:

The student has taken the standard courses available to him/her during the indicated semester. This proposal is an integral part of his/her total program which cannot be satisfied through regular courses.

Signature of Student's Academic Advisor

Print Name of Advisor

I am willing to guide the student in this project, in addition to my regular teaching load. I believe this will not be excessive in terms of my other responsibilities and interests.

Signature Director of Independent Study/Internship

Printed Name of Director

() Approve

() Disapprove _____

Signature of Chair, Dept. of Theatre & Film

_____ Date