

FILM ANIMATION Independent Study Request Form

Undergraduate

FMAN 448 Independent Study I (3 credits)

FMAN 449 Independent Study II (3 credits)

Prerequisites for FMAN 448: 24 credits completed in FMAN, written permission of the School of Cinema and a minimum cumulative GPA of 3.5

Prerequisites for FMAN 449: FMAN 448, 24 credits completed in FMAN, written permission of the School of Cinema and a minimum cumulative GPA of 3.5.

Independent studies offer a limited number of students the opportunity to pursue advanced production and/or research under the supervision of a full-time Cinema faculty member. The study workload should be equivalent to a 3-credit course in the FMAN program (45 hours per credit = **135 hours**). Independent Studies may not duplicate curriculum offerings.

GUIDELINES

- Attach a 2-page description of the project that clearly states the nature of the production and/or research to be undertaken, including a provisional list of your production/research projections (i.e. filmography, bibliography) and a work schedule including the number of meetings with your Advisor, film(s) and/or number of assignments to be submitted, expected scope/length of each and dates of submission.
- Attach a copy of your current unofficial transcript/student record.
- Submit all documents to the Cinema Office (FB 319) no later than 7 calendar days before the drop-add deadline (second Monday after classes begin) in the term you are requesting the course.

Number of meetings with advisor: _____

Course Start Date: _____

Course Completion Date: _____

Student Name _____

ID _____ Email Address _____

Have you previously completed a Professional Internship or Independent Study? Yes / No

Number of credits previously earned for Professional Internships and Independent Studies:

FMAN 446 _____ FMAN 447 _____ FMAN 448 _____ FMAN 449 _____

***NOTE:** Students cannot exceed a total of 9 combined credits between internships and independent studies. Students WILL NOT receive credit past the maximum number of credits allowed.*

I am requesting registration in Independent Study Course Number (choose one):

(check one): FMAN 448 ___ FMAN 449 ___

(check one): Term: fall ___ winter ___ fall/winter ___ summer term 1 ___ summer term 2 ___

Section ___ Year _____

APPROVALS

Student (print name) _____

Signature _____ Date _____

Faculty Supervisor (print name) _____

Signature _____ Date _____

FMAN UPD (print name) _____

Signature _____ Date _____

Chair (print name) _____

Signature _____ Date _____