

STUDENT NAME: _____

I.D.#: _____

Please note that it is your responsibility to fulfill all your program and degree requirements. Exceptional substitutions to these requirements must be approved via Student Request prior to graduation. Permission to register for a course does not constitute approval of a substitution. Concordia University Residency requirements stipulate that you must complete a minimum of 45 credits at Concordia, including a minimum of 33 credits from within the Specialization.

BFA DEGREE REQUIREMENTS (108 and 120 credit programs)				Completed / In-Progress	To Be Completed
ECP*	MEP	Free elective	6 credits		
30 credits to be completed by students admitted into 120-credit program only	18 credits to be completed by students admitted into 108-credit program only	Free elective	6 credits		
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*Please note that all High School transfer credits awarded can only be applied towards fulfilling the ECP requirements.

BFA DEGREE REQUIREMENTS (90, 108 and 120 credit programs)		Completed / In-Progress	To Be Completed
6 credits	FFAR 248 ³ & FFAR 249 ³ (formerly FFAR 250 ⁶)		
SPECIALIZATION IN FILM PRODUCTION (66 credits)			
3 credits	chosen from FMST 201 ³ , FMST 202 ³ , FMST 203 ³		
3 credits	FMST 220 ³		
3 credits	chosen from FMST 222 ³ , FMST 223 ³ , FMST 224 ³		
6 credits	FMPR 231 ⁶		
3 credits	FMPR 239 ³ (formerly FMPR 339 ³)		
6 credits	FMPR 332 ⁶		
3 credits	FMPR 336 ³		
3 credits	FMPR 338 ³		
3 credits	FMPR 340 ³		
6 credits	FMPR 432 ⁶		
9 credits	chosen from FMPR 335 ³ , 341 ³ , 343 ³ , 350 ³ , 398 ³ , 435 ³ , 438 ³ , 439 ³ , 440 ³ , 441 ³ , 442 ³ , 444 ³ , 450 ³ , 498 ³		
6 credits	FMST electives (excluding FMST 200)		
12 credits	Cinema electives (or credits outside Cinema chosen in consultation with the head of Film Production)		
ELECTIVE COURSES (18 Credits)		Completed / In-Progress	To Be Completed
6 credits	chosen from outside the Faculty of Fine Arts (excluding FRAN 373, 374, FLIT 382, COMS 301, 302, 303, 304, 306, 416, 417, 434)		
12 credits	free electives		

COURSES TAKEN ABOVE DEGREE REQUIREMENTS: _____

ADVISOR'S SIGNATURE (if applicable): _____ DATE: _____