



THE UNIVERSITY OF  
**CHICAGO**

Department of Cinema  
and Media Studies

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### FURTHER ELECTIVES APPROVAL FORM

Student name: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Briefly describe the rationale for taking these courses, and discuss how they can be brought to bear on the study of cinema. Be sure to include a list of the courses you are choosing as electives and their numbers (both those you have taken and those you plan to take). Attach additional pages as necessary. *Please note—these courses may or may not be cross-listed in the Department of Cinema and Media Studies.*

**Course name and number:** \_\_\_\_\_

Instructor: \_\_\_\_\_ Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

**Course name and number:** \_\_\_\_\_

Instructor: \_\_\_\_\_ Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

**Course name and number:** \_\_\_\_\_

Instructor: \_\_\_\_\_ Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

Rationale: \_\_\_\_\_

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