



THE UNIVERSITY OF  
**CHICAGO**

Department of Cinema  
and Media Studies

Classics 304  
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Chicago, IL 60637  
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cms.uchicago.edu

### MAJOR COURSE AGREEMENT FORM

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

College Adviser: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

#### **Introduction to Film (CMST 10100)**

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

#### **History of International Cinema, Part I (CMST 28500)**

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

#### **History of International Cinema, Part II (CMST 28600)**

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

#### **CMS Course 1 \_\_\_\_\_**

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

#### **CMS Course 2 \_\_\_\_\_**

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

#### **CMS Course 3 \_\_\_\_\_**

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

**CMS Course 4** \_\_\_\_\_

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

**CMS Course 5** \_\_\_\_\_

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

**Elective 1** \_\_\_\_\_

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

**Elective 2** \_\_\_\_\_

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

**Elective 3** \_\_\_\_\_

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

**Colloquium (CMST 29800)**

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

**BA Paper (CMST 29900)**

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

BA Paper Adviser: \_\_\_\_\_

By signing this form, I agree that I will take these courses in order to graduate with a major in Cinema and Media Studies. Before changing courses, I agree to consult with the Director of Undergraduate Studies to confirm that the new classes are acceptable substitutes to the ones listed here. If I do not get prior approval from the Director of Undergraduate Studies, I understand that I may be ineligible to graduate on time.

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

DUGS signature: \_\_\_\_\_ Date: \_\_\_\_\_

This program, if signed by the student and Director of Undergraduate Studies, and successfully completed by the student, will satisfy the requirements of the Cinema and Media Studies major. Please return this form, signed and completed, to the CMS office. Any changes to this program must be approved by the Director of Undergraduate Studies, and a new program form must be submitted to the CMS office.