



THE UNIVERSITY OF
CHICAGO

Department of Cinema
and Media Studies

Classics 304
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cms.uchicago.edu

MINOR REQUIREMENTS APPROVAL FORM

Name: _____ ID Number: _____

College Adviser: _____ Anticipated Graduation: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

1. Introduction to Film (CMST 10100)

Instructor: _____ Quarter: _____ Year: _____

2. History of International Cinema, Part I (CMST 28500)

Instructor: _____ Quarter: _____ Year: _____

3. History of International Cinema, Part II (CMST 28600)

Instructor: _____ Quarter: _____ Year: _____

4-6: CMST 20000 or above

4. Course name and number: _____

Instructor: _____ Quarter: _____ Year: _____

5. Course name and number: _____

Instructor: _____ Quarter: _____ Year: _____

6. Course name and number: _____

Instructor: _____ Quarter: _____ Year: _____

By signing this form, I agree that I will take these courses in order to graduate with a minor 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 minor.

Please return this form, completed and signed, to the CMS office in Classics 304. Any changes to this program should be approved by the Director of Undergraduate Studies, and a new program form must be submitted to the CMS office.