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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