FURTHER ELECTIVES APPROVAL FORM

Please return this completed form to the CMS Office, Classics 304

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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