MAJOR COURSE AGREEMENT FORM

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

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. 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.