



DECLARATION OF FILM CONCENTRATION

Name _____ Student ID # _____

I am declaring the following concentration of the Bachelor of Fine Arts in Film curriculum:

- ___ Editing
- ___ Cinematography
- ___ Directing
- ___ Producing
- ___ Screenwriting

I understand that I am bound by the program requirements for graduation and that it is my responsibility to consult with my academic advisor to assist me in compliance with the film curriculum.

Student Signature

Date

Approved for Program: _____ Effective Semester: _____

Signature of Advisor/Department Chair

Date

Signature of Registrar

Date