MINOR REQUIREMENTS APPROVAL FORM
Please return this completed form to either the Cinema and Media Studies Office (Classics 304) or the Director of Undergraduate Studies, Prof. Skvirsky (Classics 305)

Name: __________________________________________ ID Number: ____________
College Adviser: __________________________________ Anticipated Graduation: ____________
UChicago Email Address: ____________________________________________________________

- **CMST 10100 – Introduction to Film**
  Instructor: ___________________________ Quarter: _____ Year: __________

- Two of the following three courses:
  1. **CMST 28500 – History of International Cinema, Part I: The Silent Era**
     Instructor: ___________________________ Quarter: _____ Year: __________
  2. **CMST 28500 – History of International Cinema, Part II: Sound to 1960**
     Instructor: ___________________________ Quarter: _____ Year: __________
  3. **CMST 28700 – History of International Cinema, Part III: 1960 to Present**
     Instructor: ___________________________ Quarter: _____ Year: __________

- **CMST Elective #1:** __________________________________________________________
  Instructor: ___________________________ Quarter: _____ Year: __________

- **CMST Elective #2:** __________________________________________________________
  Instructor: ___________________________ Quarter: _____ Year: __________

- **CMST Elective #3:** __________________________________________________________
  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: __________