MAJOR REQUIREMENTS APPROVAL FORM

Please return this completed form to either the Cinema and Media Studies Administrator (cinema@uchicago.edu) or the Director of Undergraduate Studies (cms-dus@uchicago.edu).
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 submitted.

Name: __________________________________________ ID Number: ____________

College Adviser: ____________________________ Anticipated Graduation: ____________

UChicago Email Address: __________________________________________________________

1. **CMST 10100 – Introduction to Film**
   Instructor: ____________________________ Quarter: _______ Year: ____________

2. **CMST 28500 – History of International Cinema, Part I: The Silent Era**
   Instructor: ____________________________ Quarter: _______ Year: ____________

3. **CMST 28600 – History of International Cinema, Part II: Sound to 1960**
   Instructor: ____________________________ Quarter: _______ Year: ____________

4. **CMST 28700 – History of International Cinema, Part III: 1960 to Present**
   Instructor: ____________________________ Quarter: _______ Year: ____________

5. **CMST 29201 – Advanced Seminar (Autumn) OR**
   **CMST 29202 – Advanced Seminar (Spring)**
   Instructor: ____________________________ Quarter: _______ Year: ____________

Electives courses must originate in or be cross-listed with Cinema and Media Studies. Course selections should be discussed with the Director of Undergraduate Studies.

6. **CMST Course #1: __________________________________________**
   Instructor: ____________________________ Quarter: _______ Year: ____________

7. **CMST Course #2: __________________________________________**
   Instructor: ____________________________ Quarter: _______ Year: ____________

8. **CMST Course #3: __________________________________________**
   Instructor: ____________________________ Quarter: _______ Year: ____________
9. **CMST Course #4:** _______________________________________________________
   
   Instructor: ___________________ Quarter: _____ Year: ______

10. **CMST Course #5:** ___________________________________________________
    
    Instructor: ___________________ Quarter: _____ Year: ______

11. **CMST Course #6:** ___________________________________________________
    
    Instructor: ___________________ Quarter: _____ Year: ______

12. **CMST Course #7:** ___________________________________________________
    
    Instructor: ___________________ Quarter: _____ Year: ______

**Intensive Track Honors Students: one Thesis Workshop + CMST 29900**

**CMST 27299: Intensive Track – Written Thesis Workshop**

Academic Year: ____________________________

**CMST 28999: Intensive Track – Production Thesis Workshop**

Academic Year: ____________________________

**CMST 29900: Senior Thesis**

BA Thesis Advisor: _________________________

Graduation Quarter / Year: __________________

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: ____________