



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: _____