FILM PRODUCTION Independent Study Request Form
Undergraduate

DO NOT PRINT THIS FORM. This is a fillable PDF. Not sure how to fill this out digitally? Use your browser or reference https://www.wikihow.com/Fill-in-PDF-Forms

FMPR 448 Independent Study I (3 credits), **FMPR 449 Independent Study II** (3 credits)

Prerequisites for FMPR 448 & 449: 24 credits completed in FMPR, written permission of the School of Cinema and a minimum cumulative GPA of 3.5.

Independent studies offer a limited number of students the opportunity to pursue advanced production and/or research under the supervision of a full-time Cinema faculty member. The study workload should be equivalent to a 3-credit course in the FMPR program (45 hours per credit = **135 hours**). Independent Studies may not duplicate curriculum offerings.

Guidelines:

- Attach a 2-page description of the project that clearly states:
  - the nature of the production and/or research to be undertaken;
  - a provisional list of your production/research projections (i.e. filmography, bibliography);
  - a work schedule including the number of meetings with your Advisor, film(s) and/or assignments to be submitted, expected scope/length of each, dates of submission;
  - how you will be evaluated by your advisor.
- Attach a copy of your current unofficial transcript/student record, downloaded from your Student Center
- Submit all documents, signed by your supervisor, combined as a **single PDF** to the Cinema Office via email: cinema@concordia.ca no later than 7 calendar days before the drop-add deadline (second Monday after classes begin) in the term you are requesting the course. Name the file: last name_student number_Independent study request.pdf

Number of meetings with advisor: _____
Course Start Date: _____
Course Completion Date: _____

Student Name _____

ID _____ E mail Address_____

Have you previously completed a Professional Internship or Independent Study? Yes ☐ No ☐

NOTE: Students cannot exceed a total of 9 combined credits of internships and independent studies. Students WILL NOT receive credit past this limit.

I am requesting registration in Independent Study course number **(select one)**

FMPR 448 ☐ FMPR 449 ☐

Term: Fall ☐ Winter ☐ Summer 1 ☐ Summer 2 ☐

APPROVALS

Full-Time Faculty Supervisor (print name) _____

Signature _____ Date _____

Undergraduate Program Director (print name) _____

Signature _____ Date _____

Cinema Chair (print name) _____

Signature _____ Date _____

Revised September 2024