

**Department of
CINEMA AND TELEVISION ARTS
RECOMMENDED COURSE AGREEMENT**

Student Name: _____ Student ID Number _____

Address: _____ Phone: (____) _____

_____ Semester: FALL 20____ SPRING 20____

Option: (circle one): **FILM TELEVISION RADIO SCREENWRITING**
THEORY & CRITICISM MULTIMEDIA ELECTRONIC MEDIA MANAGEMENT

Class Standing (circle one): **FRESHMAN SOPHOMORE JUNIOR SENIOR GRAD**

DEPT.	COURSE #	TICKET #	COURSE TITLE	DAYS/TIMES	UNIT
CTVA					
CTVA					
CTVA					
CTVA					
CTVA					

Maximum # of units recommended this semester: _____

Additional Comments/Recommendations: _____

 Advisor Signature and Date

 Student Signature and Date

HOLD CLEARED: Initial/Date _____

NO – why? _____

ADVISEMENT CHECK SHEET

Date: _____

Faculty Name: _____

Student Name: _____

Student ID Number: _____

Student E-mail : _____

Year (circle): Pre-CTVA Junior Senior

Option or goal (circle): Media Management Film Production Television Production

Media Theory & Criticism Multimedia Production Screenwriting Radio Production

Total number of accrued and in progress units: _____

Expected Graduation Date: _____

Did student bring current Degree Progress Report? Yes _____ No _____

Advisement List (check off):

	Discussed	Completed
Department Grad Check form	_____	_____
Application for Bachelor's Degree (When due?)	_____	_____
Elective / Course Substitution Form	_____	_____
Recommended Course Agreement	_____	_____

Other issues or recommendations to student _____

Number of units in the major, upper division _____

Degree Progress Report upper division units total _____ (40 to graduate)