

DATE SUBMITTED: \_\_\_\_\_

**GRADUATE EQUIPMENT REQUEST FORM**

NAME: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PROGRAM YOU HAVE GRADUATED FROM \_\_\_\_\_

PROJECT START DATE: \_\_\_\_\_

PROJECT RETURN DATE: \_\_\_\_\_

PROJECT DESCRIPTION (INCLUDE SHOOTING LOCATION(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH SYNOPSIS OR SCRIPT

EQUIPMENT LIST (ATTACH ADDITIONAL SHEET IF NEEDED):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CREW

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FACULTY MENTORING THE PROJECT: (An email from faculty will be accepted in place of a signature. It must be attached as part of the submission.)

I \_\_\_\_\_ HAVE READ AND APPROVE THIS REQUEST.  
(FACULTY MEMBER'S NAME)

FACULTY MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GRADUATES SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_