

DATE SUBMITTED: _____

SUMMER EQUIPMENT REQUEST FORM

NAME: _____

STUDENT NUMBER: _____

EMAIL: _____

PHONE NUMBER: _____

PROGRAM & SEMESTER: _____

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: _____

STUDENT SIGNATURE: _____ DATE: _____