**FILM AND MEDIA STUDIES PROGRAM**

**REQUIRED COURSES AND PROGRAM OF STUDY CONTRACT**

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

CLASS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

9 REQUIRED COURSES

LIST ALL COURSES TO BE COUNTED TOWARD THE MAJOR THAT HAVE BEEN APPROVED BY YOUR FILM AND MEDIA STUDIES ADVISOR

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUIREMENT** | **COURSE # AND TITLE** | **DATE COMPLETED** | **ADVISOR CONSENT FOR COURSES TAKEN OUT THE COLLEGE** |
| Foundations in Critical Media Studies |  |  |  |
| Foundations in Production |  |  |  |
| Foundations in Integrated Media Practices |  |  |  |
| Elective |  |  |  |
| Elective |  |  |  |
| Elective |  |  |  |
| Elective |  |  |  |
| Elective (Five-College) |  |  |  |
| Advanced Seminar/Workshop |  |  |  |

(PLEASE TURN OVER)

Please offer a brief statement of your declaration as a Film and Media Studies major:

Note: You should complete this form in consultation with your advisor(s), have him or her sign it, and then electronically submit it to fams@amherst.edu. Your advisor is also responsible for approving and initialing any substitution for Amherst FAMS courses to be credited toward the major. *Any waivers of required courses must be noted and approved by the advisor*. You may revise this form as often as necessary until the beginning of your final semester.

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_