

CAPSTONE PROJECT NUMBER FORM

Project Title: _____ Date: _____

Main Contact Person: _____

Phone: _____ Email: _____

Project Collaborators (include role): _____

Format Information:	Camera Type (make/model)	Frame Rate (check one)
Video Codec Type: _____	Film: _____	23.98/23.976: _____
Project Estimated Length: _____	Tape: _____	24 (film only): _____
Project Genre: _____	Digital: _____	Other(specify): _____
	Other (specify): _____	

_____ **The Faculty & Student have reviewed the safety of all participants.**

FACULTY SIGNATURE: _____

*****Faculty Signature Required to Process*****

The following materials must accompany this proposal form:

- Synopsis
- Crew List
- Production and Post Production Schedule (include dates, time, and locations)
- Equipment list

By signing this document, I understand that I will be held financially responsible for all expendables necessary for the completion of this project (example: tape, gels, cleaning supplies, food, rentals, etc.). I also understand and accept that Cinematic Arts and Technology may reproduce and distribute all or parts of my capstone for educational purposes and/or to publicize Cinematic Arts and Technology.

STUDENT SIGNATURE: _____ **Date:** _____

(To be completed by Cinematic Arts & Technology Staff)

Project Number: _____ Start Date: _____ End Date: _____

Approved by Cinematic Arts & Technology Operations Manager:

Signature: _____ Date: _____