Administrative Use Only:

 Pointing Request Sent

 Student Contacted

_____ Date _____

Film Studies Program Petition

Name (Please print)		Date
Student ID #	Email:	@Colorado.edu
Film Advisor		
Subject of Petition:		
Major Requirements Transfer Credits Other (Please Specify)	Institution transferring from	

Request: Please state your specific request, including any relevant information. For course evaluation, please attach syllabus w/ detailed course schedule and other supporting material (papers, tests, etc.).

Film Studies Program action and comments	:
Accepted for this student only	Accepted for this student w/provision
Accepted for all students*	(please indicate conditions below)
Rejected	Need more information
*Course may be tabled in the degree audit as a	lways being equivalent to this requirement

Revised 10/26/16 LN