

**GRADUATE PROGRAM IN FILM
York University**

Session: _____

FILM 5700 / 5700A - STUDENT INITIATED COLLABORATIVE INQUIRY Form

Instructions: Please fill out this form completely and attach an additional sheet with the required information. Both you and the course director must sign this form and you must also include a title.

Name: _____ **Student #:** _____

Name: _____ **Student #:** _____

Course Director: _____ **Signature:** _____
(please print)

Student Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Program Director Approval: _____ **Date:** _____

Directed Reading Title:

Course Description:

Required Readings (if applicable):

Required Assignments (if applicable):

Frequency and length of meetings with Course Director: