



CMS Interdisciplinary Minors in *Mass Communications and Media Studies* and *Film Studies*

Option Course

COMPLETION FORM

TO BE FILLED OUT BY STUDENT:

Student Name: _____

ID#: _____ Phone: _____ Email: _____

Option Course Number and Title: _____ Semester: _____

Student Signature _____ Date _____

TO BE FILLED OUT BY FACULTY MEMBER:

The above-named student completed a paper of at least 15 pages on a media-related (MCMS) or film-related (FS) topic for my course. (circle one) YES / NO

The grade I gave this paper was: _____

Faculty Name (Please print) _____ Faculty Signature _____ Date _____

PLEASE RETURN THIS FORM TO JULIE DOBROW, DIRECTOR, CMS, 95 TALBOT AVE.