PRODUCTION STUDIO PROPOSAL

http://www.kzoo.edu/is/currsupp/video/index.htm

Submit one copy electronically to production@kzoo.edu

Once a project has been approved, the student producer can schedule studio and/or edit time.

Name of Student Producer:

☐ has taken workshop:

Date:

Phone:

Email:

Working Title:

Program Description (50-100 word synopsis):

Projected timeline of project:

Projected length of program:

Production:

☐ Has Budget

☐ Does not have Budget

Upon approval of the project, the student producer accepts full responsibility of the production. This includes operation and care of all the equipment. Failure of the student producer to follow any of the guidelines will result in a review.

Signature of producer:

Approval ___________________________ Date ___________________________