

UCLA CENTER FOR DIGITAL ARTS
VIDEO Special Access Evaluation Form

The CDA aims to serve all of its varied constituencies in the School of the Arts and Architecture. Although we would like to accommodate all requests, the Video area requires specific knowledge of the equipment. Fill out this form as completely as you can. Please consult with CDA video staff if you are unsure of your needs. **Upon receipt of this form, an interview will be required to discuss your project. PLEASE WRITE LEGIBLY!**

Applicant Name _____

LAST NAME

FIRST NAME

Quarter/Year _____ Department _____ Student ID# _____

Graduate _____ Undergraduate _____ Faculty _____ Staff _____

Applicant's phone _____ E-mail _____

Equipment needed for project _____
(i.e. edit*, Media 100, Promax Premiere station, SVHS edit bays)

Hours to edit _____ Start date _____ End date _____

Hours/mins. _____ Length of _____ Finished _____
of working footage _____ finished project _____ Format _____

Project name _____

Description of project - Include a summary of your prior experience that qualifies you to complete this project (approx. 100-200 words; write on back if necessary):

Signature of applicant _____ Date _____

STUDENTS COMPLETE THIS SECTION

For credit _____ Not for credit _____ Class _____

Faculty sponsor/Department _____
Name Department

Faculty sponsor's phone _____ E-mail _____

Signature of faculty sponsor _____

Signature of applicant's department chair _____

Action taken [*applicant leave blank*] _____

Please return your completed form to Etsu Garfias.