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. of working footage__________________  Length of 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______________________________

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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 ______________________________________________________

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Action taken [applicant leave blank]_____________________________________________________________

Please return your completed form to Etsu Garfias.