FTVM **PRE-RECUT PROPOSAL** Approval Form

SEMESTER & YEAR: _____

PROJECT TITLE: _____

TEAM MEMBER	CREDITED ROLE

FACULTY ADVISOR: _____

The GCC FTVM Department promotes a collaborative filmmaking process.

If recuts, new work, or changes are proposed for a project after the initial production, all team members must agree and approve these changes before any work begins. This includes approving any adjusted roles and credits related to the new work. Recut Proposal Forms must be turned into the Faculty Advisor or Department Chair prior to work commencing.

Proposed Adjustments:

Reason for Recut/Changes:

_____

_____

_____

Proposed Role Adjustments (e.g., new editor, sound designer, etc.):

_____

_____

_____

By signing this form, I agree to the following:

1. I give permission for the recut or new work to proceed under the conditions outlined above.

2. I approve the proposed role adjustments, and I understand that project credits will reflect these changes.

3. I understand that all team members must be consulted and approve any further changes or adjustments during the process.

Participant Agreement:

I, _____, agree to the proposed recut, changes, and adjusted roles as outlined above.

Participant Signature: _____ Date: _____

Participant Name (Print): _____

Non-GCC Contact Email: _____ Phone Number: _____

For Participants Under the Age of 18:

Parent/Guardian Agreement:

I, _____, as the parent/guardian of the participant, agree to the terms outlined above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____