

PROD. NUMBER	PRODUCTION TITLE	DIRECTOR OF PHOTOGRAPHY

Type of additional equipment	
Description of the content to be shot using the additional equipment	
Reason why it cannot be shot using WKU Film provided equipment	
Safety plan for additional equipment	
Have you secured insurance? (Attach proof)	

FACULTY APPROVALS			
<i>Signatures must be collected in the following sequence</i>			
	NAME:	SIGNATURE:	DATE:
Director's Prep Faculty:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____