

EMERSON INDEPENDENT VIDEO
NON-TUITION CREDIT CONTRACT: FOLLOW-UP

Semester and Year _____

Student's Name _____

Student's Signature _____

Student's Emerson College ID Number _____

Work performed to earn credit (MUST be equivalent to 20 hours per semester)

EIV production(s) you participated in _____

Position _____

Workshops Attended

1. _____ Date _____

2. _____ Date _____

3. _____ Date _____

Faculty/Staff Advisor Signature and Date

Group President and Date

Print Advisor Name

Print President's Name