

**Motion Picture/Television**

Course Name and Number:			
Prod. #:		Production Title:	
Producer:		Director:	

## DIGITAL EFFECTS REQUEST FORM

This form is to be completed by the Producer or Director prior to the start of principal photography. Any effects requested after the project has been shot will be approved on an individual basis and only allowed time on the equipment after those who made their requests in advance. Digital effects are available **ONLY** to projects scheduled to be completed on video. All work must be performed using School of Filmmaking equipment.

DATE:	YEAR: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
DP:	EDITOR:
EFFECTS SUPERVISOR:	

PRODUCTION DATES     START:	WRAP:
COMPLETED EFFECTS DUE DATE:	
LOCKED CUT DATE:	

**EDITING PLATFORM:**

- FINAL CUT PRO                     
  LIGHTWORKS                     
  AVID MCX/MEDIA COMPOSER  
 OTHER: \_\_\_\_\_

ESTIMATED NUMBER OF EFFECTS REQUIRED FOR THE PROJECT: \_\_\_\_\_

**ITEMIZED SHOT LIST:**

On the back of this form please provide a complete, itemized list of all effects shots needed for this project. Each effect also needs to have a tracking sheet, with element details filled out.

**BEFORE APPROVAL, THE FOLLOWING STUDENT FILMMAKERS MUST SIGN THIS FORM:**

Producer	Date
Director	Date
Editor	Date

### APPROVED BY:

Faculty Effects Mentor	Date	Head of Post Production	Date
Head of Production	Date	Assistant Dean of Production	Date

FX #	SCENE #	Description of Shot and Effect	Estimated Time To Do Effect	Software & Machines
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				