Academy of Film

Special Request for Additional Department Resources

| Staff / Student Name: | | | Dept. of App | olicant: | | |
|--|----------------------|------------------------------|----------------------|------------------|----------------|---------------|
| Staff / Student ID No: | | | <u> </u> | | | |
| Contact TEL: | Coi | ntact email: _ | | | | |
| Project Description: | | | | | | |
| Request Items: Equipme | nt or Studio: | | | | | |
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| Your related experience i | n using the requeste | ed equipment/ | studio mentic | oned above. | | |
| Please specify what relev | vant Academy of Filn | n subject(s) yo | ou have taken | : | | |
| Check-out: Date: | Time: | Ret | urn: Date: | | Time: | |
| | | | | | | |
| | | | | | | days in total |
| I will take full responsibility of a | | | | | | |
| Signature of Applicant | Name of Project Si | | Signature of Pro | oject Supervisor | . – | Date |
| | | | | | | |
| Name of Applicant's Uni (In Block Letter) | t Head | Signature and Official Stamp | | | | Date |
| Your case will be discusse | ed at 5pm today | An officia | ıl renly will he | issued in 2 wor | rkina davr | • |
| ****************************** | | | | | • , | |
| Office Use Only | | | | | | |
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| Signature of AF Tec | chnical Committee a | nd Stamp | | Date | | |
| <u> </u> | | | | | | |
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| Aca | demy of Film | | | External Use | | | |
|---------------------|--|---|---|---|--|--|--|
| Staff/Student Name: | | | _Staff/Student ID No: | | | | |
| Cont | act TEL: | | Contact email: | | | | |
| Plea | time-table and the comple | king AF subjects) re my plan & reasons in detail reted online equipment / studio | booking request form | THREE working days in advance ng script, shooting time-table, editing s print-out for the AF Technical Office, e Academy of Film. in one month's time | | | |
| | (for students presently tall I have understood that by endorsement enclosed. the number of times, place editing time-table and the Office, AF at CVA618. | AF Regulations, this project Attached with this form are a res, mediums for showing this completed online equipment | must be supervised by my plan & reasons in d s project . Script out / studio booking reque | THREE working days in advance AF Instructor(s) and his/hers letails, PLUS Insurance & legal details, line, shooting script, shooting time-table, est forms print-out for the Technical of Film. in one month's time at the | | | |
| | (for units outside Academ As a student, I have under his/hers endorsement end As a member of staff, I have and his/hers endorsement Attached with this form artime-table PLUS Insurance A copy of the completed only | rstood that by AF Regulation closed. eve understood that by AF Rett enclosed. e my plan & reasons in detailse & legal details. | s, this project must be a gulations, my Project S s, script outline, shooti request forms print-out fo | THREE working days in advance supervised by Instructor(s) and Supervisor & Head must be informed ing script, shooting time-table, editing or the AF Technical Office at ASH804. | | | |
| MUS I will t | ake full responsibility of all the | no have taken relevant subjec | cts to handle the equiport that any lost/ damages v | ment or room of your request vill be replaced/ repaired before return. | | | |
| Nam | e (in block letters) | Signature | Dat | e | | | |
| | case will be discussed acy Policy Statement and | at 5pm today. An of degree of the degree | | ued in 2 working days. PPS/PICS) | | | |

(https://bupdpo.hkbu.edu.hk/policies-and-procedures/pps-pics/)