

NEW YORK FILM ACADEMY

COLLEGE OF VISUAL AND PERFORMING ARTS

SEMESTER ONE / NON SYNC - GREENLIGHT FORM

Student Name: _____

Program: _____ Section: _____

Dates for the project: _____

Logline: _____ Genre: _____

Screenwriting Instructor's Signature

*Shoot script is locked and numbered and properly formatted.
* Students can get this signature as soon as they have locked their script.

Name: _____ Date: _____ Signature: _____

Directing Instructor's Signature

- a. Script
- b. Shot List
- c. Overheads
- d. Cast List

No Stunts, Prop weapons or Minors

Dates	Location Address with Contact Number	Location Agreement Y/N	Location Permit Y/N	Location Insurance Y/N

Name: _____ Date: _____ Signature: _____