College of DuPage

Motion Picture/Television

MUSIC SCORING SIGN OFF

PRODUCTION TITLE: _____

PRODUCER: _____ DIRECTOR: _____

SPOTTING SESSION DATE: _____

COMPOSERS SCORING FILM:

1 _____

2 _____

3 _____

4 _____

5 _____

Composer Selected: _____

(Submit Name for Credits – *ASAP*)

☐ELECTRONIC ☐LIVE NUMBER OF PLAYERS: _____

SCORING SESSION IN RECORDING STAGE

☐YES DATE: _____ ☐NO

DATE RECEIVED COMPLETED SCORE: _____

LIST LICENSES SECURED FOR SYNC/MECHANICAL/PUBLISHING USE:

1 _____ 2 _____

3 _____ 4 _____

APPROVAL: ☐YES ☐NO

FILM MUSIC FACULTY ADVISOR: _____ DATE: _____

COMMENTS: