

Student Name: _____

Working Title: _____

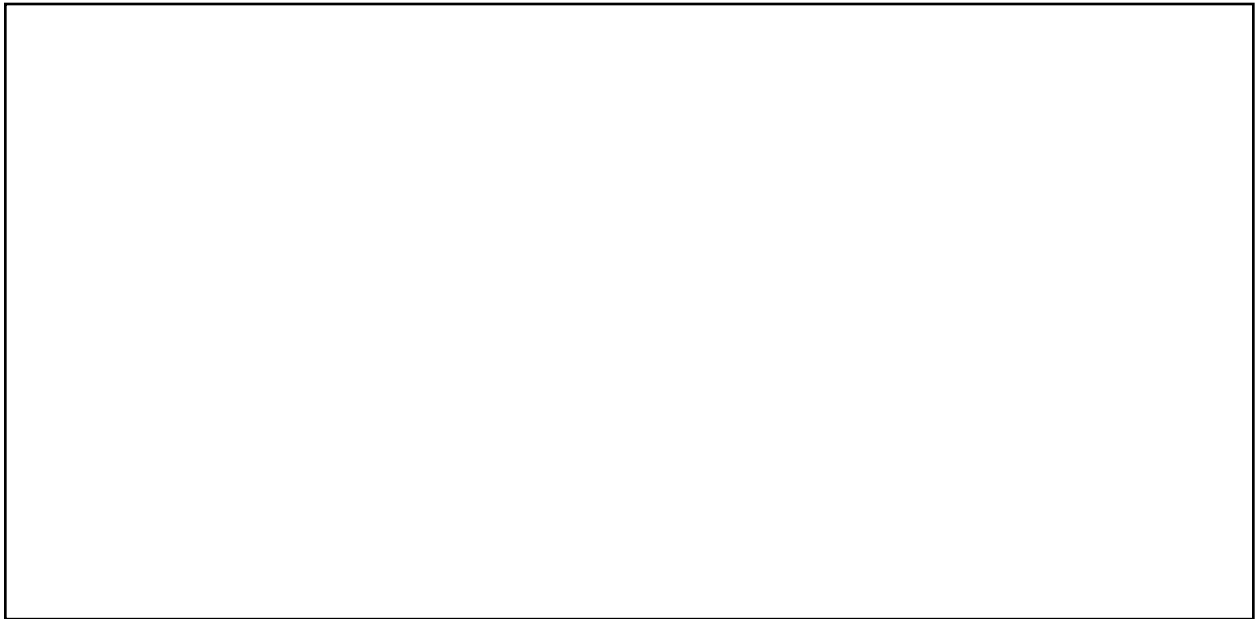
Location #1

1. Location Identification

- Indoor / Outdoor: _____
- Building Name: _____
- Specific Space (Room / Area / Floor): _____

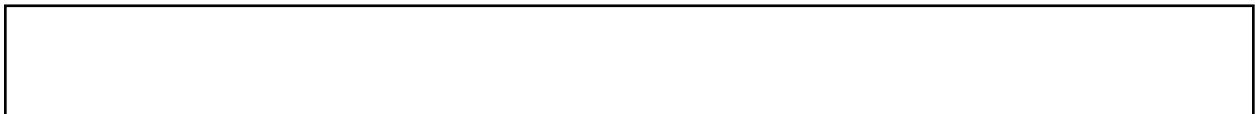
2. General Photo of Location

(Insert wide photo showing the full space you plan to use)



3. Lighting Conditions

- Natural Light Source (windows direction / intensity):



- Time of Day Planned:



- Existing Practical Lights (lamps / overhead / fluorescent):

- Color Temperature (Daylight / Tungsten / Mixed / Unknown):

- Limitations (low light, mixed lighting, no outlets, etc.):

4. Sound Environment

- General Sound Level (Quiet / Moderate / Loud):

- Foot Traffic / Public Activity:

- Mechanical Noise (household appliances, TVs, etc.):

- External Noise (street / wind / campus activity):

5. Accessibility & Control

- Do you have permission to film here? Yes / No _____
- Can you control lighting? Yes / No _____
- Can you control sound? Yes / No _____

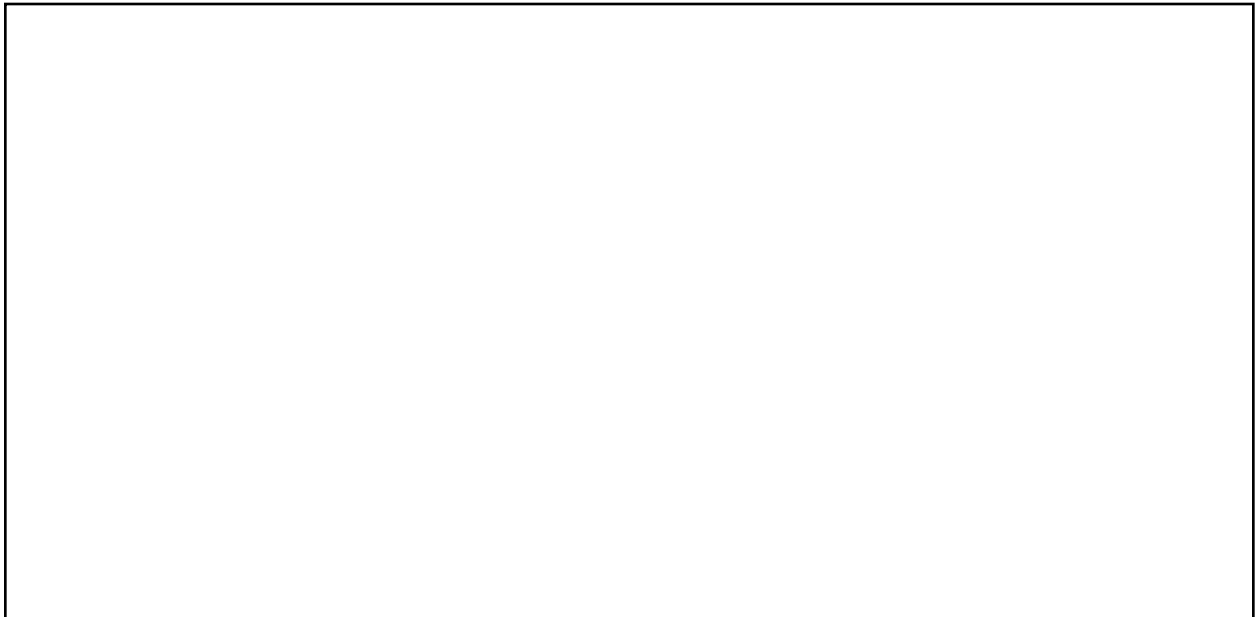
Location #2 (optional)

1. Location Identification

- Indoor / Outdoor: _____
- Building Name: _____
- Specific Space (Room / Area / Floor): _____

2. General Photo of Location

(Insert wide photo showing the full space you plan to use)

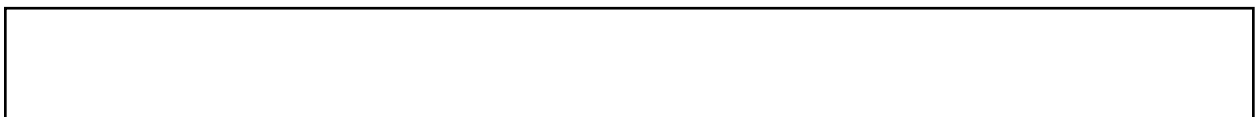


3. Lighting Conditions

- Natural Light Source (windows direction / intensity):



- Time of Day Planned:



- Existing Practical Lights (lamps / overhead / fluorescent):

- Color Temperature (Daylight / Tungsten / Mixed / Unknown):

- Limitations (low light, mixed lighting, no outlets, etc.):

4. Sound Environment

- General Sound Level (Quiet / Moderate / Loud):

- Foot Traffic / Public Activity:

- Mechanical Noise (household appliances, TVs, etc.):

- External Noise (street / wind / campus activity):

5. Accessibility & Control

- Do you have permission to film here? Yes / No _____
- Can you control lighting? Yes / No _____
- Can you control sound? Yes / No _____