**PURPOSE**

This Memorandum of Understanding establishes the guidelines for collaboration between [or among] the following individuals for the purpose of creating the Senior Capstone student film entitled ________________________________ during the Fall/Spring semester of 20__.

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**Agreement:**

The parties above agree to the following:

1. 
2. 
3. 
4. 
5.
Funding and Financial Responsibilities:
(insert specific financial arrangements)

Ownership:
In exchange for these financial considerations, ownership of the film, including any future revenue and/or recognition (through awards, prizes, sales, etc.), will be divided as follows:

Duration:
This MOU comes into effect the day on which the above parties have signed below. Once signed, this MOU will remain in effect until:

______________________________  [Month/Day/Year or in perpetuity]

This MOU may be modified with the mutual consent of the following individuals.

___________________________________
___________________________________
___________________________________
___________________________________
___________________________________

Dispute Resolution:
Any and all disputes between two or among all of the parties will be submitted to the FILM 499 faculty members for resolution. The decision of the faculty is final.
By my signature below, I agree to these stipulations, and if I participate in this project for FILM 499 credit I also agree that it will be my primary focus and that I will commit myself fully to the successful completion of this project to the best of my ability.

Signed,

Name________________________________________  Date______________________________

Name________________________________________  Date______________________________

Name________________________________________  Date______________________________

Name________________________________________  Date______________________________

Name________________________________________  Date______________________________

Name________________________________________  Date______________________________

Name________________________________________  Date______________________________

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Name________________________________________  Date______________________________

Approved: _________________________ Faculty Member, Date _________________________