

Project SOCRATES Video Connectivity Request Form

Form 498-2

FAX TO: _____ FAX: _____
FROM: _____ PHONE # _____
E-Mail: _____ Date submitted: _____
Cancellation of Scheduled Event (include reason): _____

Institution: _____ Phone: _____
Requester: _____ FAX: _____

Type of Event HS Course: ____ Credits U Grad Course: ____ Credits
 CEU Course: ____ Credits Graduate Course: ____ Credits
 Seminar/Workshop Non-Credit Course ____
 Faculty/Staff Training Meeting

Event/Program Name/Course #: _____

Instructor/Facilitator/ convenor: _____ Phone #: _____

Mailing Address: _____

Start Time(s): _____ End Time(s): _____

Date: M Tu W Th F S Su Start Date: _____ End Date: _____

Exception Dates (holidays, etc.): _____

Display arrangement: Quad Lecture _____ Quad Split _____ Sound Activated _____

Special Arrangements/Requirements/Other Comments: _____

Rate of transmission if not 768: _____

Instructor or meeting chairperson will be at: _____

Host Site: _____ Confirmed by: _____ Date: _____

Site #1: _____ Confirmed by: _____ Date: _____

Site #2: _____ Confirmed by: _____ Date: _____

Site #3: _____ Confirmed by: _____ Date: _____

Site #4: _____ Confirmed by: _____ Date: _____