

IVS Service Request

Name _____
 Address _____
 E-mail _____

Department _____
 Telephone _____

TYPE OF ACTIVITY:

Video Origination (check one)

- CODEC/POLYCOM
- Satellite Uplink
- Cable Distribution
- Videotape Recording

Video Production

- Produce Course Materials**
- Video Conference**
- Teleconference Reception**
- Podcast Services

Description of Project/Activity:

Is the television product to be used in a non-course setting or marketed to a non-MSU organization?

Yes No Comment briefly:

Are special services required (e.g. closed captioning, other accommodations, computer interfacing)?

Special services may incur supplementary costs.

<p><input type="checkbox"/> CREDIT ACTIVITY</p> <p>Course Title _____</p> <p>Course Number _____</p> <p>Instructor _____</p> <p>Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <p>Year: _____</p> <p><input type="checkbox"/> NON-CREDIT ACTIVITY</p> <p>Project Title _____</p> <p>Coordinator _____</p>	<p style="text-align: center;">REQUESTED SCHEDULE</p> <p><input type="checkbox"/> Single Event</p> <p>Day/Date _____</p> <p>Start Time _____ End Time _____</p> <p><input type="checkbox"/> Series/Course</p> <p>Start Date _____ End Date _____</p> <p>Start Time _____ End Time _____</p> <p>Day(s) (check)</p> <p><input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su</p> <p>Date(s) activity will not occur (Holidays, exams, etc.):</p> <p>_____</p>
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ACCOMODATING PERSONS WITH DISABILITIES. Units using distance education technologies must consider the possibility that special accommodations may be required. Contact the Client Advocacy Office (353-4856) which provides consulting on accommodating persons with disabilities.

CODEC/Satellite Remote Site Information

Site _____ City _____ State _____

If more than one remote site, please attach site list.

Projected audience size. On campus: _____ Off-Campus: _____

Site facilitator to be present during each session to provide coordination/instructional support.

Name: _____ Telephone: _____

Signatures

Instructor/Coordinator _____ date

Department Chair/Dean _____ date _____ acct. #
(indicates support for broadcasting activity and funding of applicable costs)

Send Completed form to:

For MSU course-related events:

Phil Barrie 502 Comm Arts FAX: 517.353-4359

For non-credit events:

Doug Schrems 107 Comm Arts FAX: 517.353-7124

To Be Completed by MSU Broadcasting Services

Reserved for this event: Room: _____ Building: _____

Day: _____ Date: _____ Time: _____

Transmission (Satellite, CODEC): _____

Remote Site Confirmed as of: _____ Contact: _____

Comments: _____

Estimated cost for this event (Facilities & Personnel) \$ _____

Broadcasting Services signature _____ date
(indicates availability of equipment and space for broadcast origination)