

# Multimedia Studio

## Student Project Authorization Form

**Complete one form for each individual or group project (one form per group).** Each form must be completed and approved by a CMC staff member prior to reserving studio time. Reservations must be made a minimum of 12 hours prior to the requested time. This document will be kept on file at the CMC.

### Student Information (Please print clearly.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course #: \_\_\_\_\_ Institution:  CCC  UWB

Additional Group Members (full names – 4 max. per station/appointment): \_\_\_\_\_

### Project Information

Project Type (check all that apply):  Video Editing  PowerPoint  Image Scan  Other: \_\_\_\_\_

Project Due Date: \_\_\_\_\_ Estimated Studio Hours Required: \_\_\_\_\_

Project Description/Outline (use reverse side if necessary): \_\_\_\_\_

Hours of Raw Footage: \_\_\_\_\_ Total Length Of Final Project: \_\_\_\_\_ Approximate Number Of Clips: \_\_\_\_\_

What source media type will you bring to the Studio to create your project? (check all that apply)

3.5" Floppy Disk  Zip 100 Disk  Audio CD  CD-R  VHS  DVD  Mini DV  Other: \_\_\_\_\_

What type of storage/recording media will you bring to the Studio for the output of your project? (check one)

3.5" Floppy Disk  Zip 100 Disk  CD-R  CD-RW  VHS  DVD-R  Mini DV  Other: \_\_\_\_\_

Will you be showing this presentation in a classroom?  Yes  No

### Student Signature

I have read and understand the Multimedia Studio Policies & Procedures.  
*(Copies of the Multimedia Studio Policies & Procedures are available at the CMC front counter.)*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization

*Instructor signature is required for all projects that have not yet been registered with the CMC by the instructor.*

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CMC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_