

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 – 2 max. per station/appointment): _____

Project Information

- Project Type (check all that apply):
- Create DVD or VHS based Video Project - *(For playback on DVD or VHS player)*
 - Video clips for use in PowerPoint - *(Insert video into PowerPoint, computer playback)*
 - Video clips for upload - *(Create files for Blackboard, You Tube, E-Portfolio)*
 - 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)

Audio CD CD-R VHS DVD Mini DV USB Storage Device Other: _____

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

CD-R VHS DVD-R Mini DV USB Storage Device 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 policies are available at the CMC front counter and online at <http://www.uwb.edu/media/PDF/StudioPolicies.pdf>)

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: _____