Hunter College Distance Learning Facility Reservation Request

Date Submitted: _____ Semester Requested: _____

Faculty Name: _____ Phone number: _____ E-Mail: _____

School / Department: _____ Course Name: _____ Course Number: _____

Purpose of Videoconference: _____ Credit Course _____ Training Event
_____ Conference _____ Meeting

Facility Requested:

_____ 79th Street Facility (seats 40) _____ 68th Street Room (seats 16)

Site Information:

Distant location(s) to videoconference to: _____
_____
_____

Names and phone numbers of contact persons at each participating location:

1. _____
2. _____
3. _____

Transmission type: _____ I-Net _____ CUNY-MDS _____ ISDN

Number of participants attending: Hunter location: _____ Remote locations: _____

Videoconference Details:

Date	*Day*	*Event Time*	*Total Time*
_____	_____	_____ - _____	_____
_____	_____	_____ - _____	_____
_____	_____	_____ - _____	_____
_____	_____	_____ - _____	_____
_____	_____	_____ - _____	_____
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_____	_____	_____ - _____	_____
_____	_____	_____ - _____	_____

Approved by: _____ _____
Dean **Date**

_____ _____
Director of Distance Learning Center Date

Please return completed form to the Distance Learning Center