

Center for Teaching & Learning IVDL Request

New Update Cancel

Department Account Number

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Class/Event _____		WSU Department _____	
Preferred WSU IVDL Room _____		Preferred Meeting Time (start) _____ (end) _____	
Frequency of Occurrence: <input type="checkbox"/> Every Week <input type="checkbox"/> Every Other Week <input type="checkbox"/> Other:			
Meeting Day(s)			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Does the Class/Event need to be recorded on VHS Tape? <input type="checkbox"/> Yes <input type="checkbox"/> No			
VHS Playback needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PC needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Mac needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Web needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Document Camera? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specific Software needed: _____		Data sharing needed ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Instructor _____		Phone # _____ E-mail _____	
Requested by _____		Phone # _____ E-mail _____	
Total Number of Receive Sites _____		Date of Request _____	
Additional Notes: _____			

Receive Site # _____

Location of Site _____		Room Name or Number _____	
Phone in Room? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fax available <input type="checkbox"/> Yes <input type="checkbox"/> No #	
Technical Facilitator _____		E-mail _____	
Office Phone # _____		Cell Phone# _____ Pager # _____	
Site Facilitator _____		E-mail _____	
Office Phone # _____		Cell Phone# _____ Pager # _____	
Additional Notes: _____			

CTL use only

Type of System (VTEL), Polycom, Etc. _____			
# of Cameras _____		Auto-Follow? <input type="checkbox"/> Yes <input type="checkbox"/> No	
# of Microphones _____		Push-to-Talk <input type="checkbox"/> Yes <input type="checkbox"/> No	
Protocol: <input type="checkbox"/> H.320 <input type="checkbox"/> ATM <input type="checkbox"/> H.323 <input type="checkbox"/> ISDN IP Address/OHO #/ISDN#:			
DAS Bridging needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		DAS Speed Match Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No VRoom#	
Data Speed:			
<input type="checkbox"/> T1 <input type="checkbox"/> 768 Kbps <input type="checkbox"/> 512 Kbps <input type="checkbox"/> 384 Kbps <input type="checkbox"/> 256 Kbps <input type="checkbox"/> 128 Kbps <input type="checkbox"/> Other: _____			

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Additional Sites

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Department Account Number

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Receive Site # _____

Location of Site _____	Room Name or Number _____	
Phone in Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax available <input type="checkbox"/> Yes <input type="checkbox"/> No #	
Technical Facilitator _____	E-mail _____	
Office Phone # _____	Cell Phone# _____	Pager # _____
Site Facilitator _____	E-mail _____	
Office Phone # _____	Cell Phone# _____	Pager # _____
Additional Notes: _____		

Receive Site # _____

Location of Site _____	Room Name or Number _____	
Phone in Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax available <input type="checkbox"/> Yes <input type="checkbox"/> No #	
Technical Facilitator _____	E-mail _____	
Office Phone # _____	Cell Phone# _____	Pager # _____
Site Facilitator _____	E-mail _____	
Office Phone # _____	Cell Phone# _____	Pager # _____
Additional Notes: _____		

Receive Site # _____

Location of Site _____	Room Name or Number _____	
Phone in Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax available <input type="checkbox"/> Yes <input type="checkbox"/> No #	
Technical Facilitator _____	E-mail _____	
Office Phone # _____	Cell Phone# _____	Pager # _____
Site Facilitator _____	E-mail _____	
Office Phone # _____	Cell Phone# _____	Pager # _____
Additional Notes: _____		
