

Digital Pathways
International Conversations Across the Curriculum
Indiana University
Program Scheduling Form

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| | | Date of Request: |
| Program Title: | | |
| Department: | Course #: | Course Title: |
| Program Date: | | Connection Test Date/Time: |
| Program Local Time: | | Distant Time: |
| IU Information | | Distant site information |
| IU coordinator: Telephone: Fax: Email: | | Distant site coordinator: Telephone: Fax: Email: |
| Location: On site telephone: Materials/equipment: Set up time: Set up needs: | | Location: IP#: On site telephone: Materials/equipment: |
| Technical support contact: Telephone: Email: | | Technical support contact: Telephone: Email: |
| Key presenter/instructor: Telephone: Email: Presentation description: | | |
| Notes: | | |
| Bridge required? Yes <input type="checkbox"/> No <input type="checkbox"/> | | iStream request? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| For Office Use | Tech Test completed <input type="checkbox"/> | Instructor Test completed <input type="checkbox"/> |
| | Permission to record/stream video granted by instructor <input type="checkbox"/> students <input type="checkbox"/> distant participants <input type="checkbox"/> | |