Scope of Project Intent Form
Jones Media Center, Dartmouth College

Received By: __________________________  Date: __________________________

6025 Baker / Berry Library, Hanover, NH 03755 – 3525  (603) 646-2165

Client: _____________________________________________ HB: __________ Phone: __________________________

Account No: ____________ ____________ ____________ ____________ ____________

Dept: __________________________ Course No: ___________ or Project Name: __________________________

(Please review Dartmouth Copyright Policy prior to requesting Editing Facilities or use of Audio Visual equipment.)

Description of Project:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Type of Project: (Circle one Dartmouth Class Related, Research, Institutional or Personal)

Type of equipment or systems needed:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Facilities Requesting: (Please circle one)
(Dual Project Project room 279 A or B, Project Room 278, Conference Room, Digital Lab 271, Digital Lab 272)

Date requesting the facilities: __________to__________ Circle day of week (M, T, W, Th, F, Sat or Sun)

Hours needing access to facilities: ___________to__________

Number of people needing access to facility (No. of people) List Names: ____________________________
___________________________________________________________________________________

Proposed Materials needed for Project:

-DVD, MiniDVCam, DVCam, Beta (SP), 3/4, VHS, S-VHS, Hi8, Digital 8, Cassette, CD, Reel to Reel

I request the use of Jones Media Center Facilities and I fully understand that this is a request and subject

to JMC Staff review prior to confirmation or scheduling. Also by signing below, I acknowledge that I

fully understand Dartmouth College Copyright Policy and Guidelines: (This form will not be considered unless

it is signed and dated in the provided space below.)

(Please sign and date) X_________________________ Your Name __________________________ Date: ______________

For more info:  http://www.dartmouth.edu/copyright/

Staff use ONLY
Reviewed by: __________________________ Staff Name: __________________________ Date: ______________ (Accepted/Denied)