

Scope of Project Intent Form

Jones Media Center, Dartmouth College

Received By: Staff Name 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, MiniDV Cam, DV Cam, 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)