



Request to Live Stream Course

I. STUDENT

Student's name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Semester (circle): Fall Winterim Spring Summer Year \_\_\_\_\_

Course Number \_\_\_\_\_

Course Title \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Reasons for Live Streaming Option \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. CONTRACT

This form is considered to be a contract. Please submit to the Registrar for signatures.

\_\_\_\_\_  
Student's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Registrar's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Professor's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Vice President of Academic Affairs Date \_\_\_\_\_