

# Request for ITV Class

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (To be completed by the person making the request)

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ NWOSU Email \_\_\_\_\_  
 (Required) (Required)  
 \_\_\_\_\_ (Area Code first) \_\_\_\_\_

Area of Study: \_\_\_\_\_

NWOSU Student:	Yes	No
(check one)		

Name of Site: \_\_\_\_\_

Course	Discipline	Number	Name of Course	Semester Year	Spring	Summer	Fall
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Name and distance (in miles) of the nearest Northwestern Oklahoma State University site (this includes Alva, Enid, Woodward, University Center (Ponca City) and OPSU (Goodwell)) \_\_\_\_\_ miles.

**Please give a brief explanation of why you need the class(es) sent to this site.**

Request for class to be sent to student's personal computer via Zoom software: Yes No

**(Student will be required to download onto a personal computer Zoom software in order to receive a class on a personal computer.)**

\*\*\*\*\* Approval \*\*\*\*\*

Faculty Member:	Approved	Denied**	Approval Date:
_____			_____
Rationale, if denied:			
_____			
Division/Department Chair:	Approved	Denied**	Approval Date:
_____			_____
Rationale, if denied:			
_____			
Assoc. Dean of Graduate Studies (Graduate Students) OR Dean of Faculty (Undergraduate Students)	Approved	Denied**	Approval Date:
_____			_____
Rationale, if denied:			
_____			
ITV Coordinator	Approved	Denied**	Approval Date:
_____			_____
Rationale, if denied:			
_____			

**Note:** If class is approved forward copy of form to the Registry Office so that key numbers can be assigned.