

Distance Education Booking Form

Course Code:

Course begins:

Professor's information:	
Name:	
E-mail:	
Tel. & Extension #:	
Faculty:	
Full-time or Part-time employee:	
Course Information:	
Course title:	
The course will be offered: (Date of first and last course)	
This course will be offered by:	<ul style="list-style-type: none"> ❖ Videoconference (please indicate all the other sites) ❖ Internet ❖ Others
Video Recordings Required? (Proof of authorization required)	<ul style="list-style-type: none"> ❖ Yes ❖ No
Number of students anticipated?	
Special technical requirements?	
Your experience in Distance Education?	❖ I'm not familiar with Distance Education (D.E)
	❖ I have a brief knowledge of D.E.
	❖ I have a little experience in D.E.
	❖ I'm at ease using D.E.
I would like to follow a workshop	<ul style="list-style-type: none"> ❖ Yes ❖ No
Your computer	<ul style="list-style-type: none"> ❖ PC ❖ Mac
Are you working alone on this project?	<ul style="list-style-type: none"> ❖ Yes ❖ No

Technical requirements for WebCT:

Audio	<ul style="list-style-type: none">❖ Yes❖ No
Graphic animation	<ul style="list-style-type: none">❖ Yes❖ No
Calendar	<ul style="list-style-type: none">❖ Yes❖ No
Chat	<ul style="list-style-type: none">❖ Yes❖ No
E-mail	<ul style="list-style-type: none">❖ Yes❖ No
Forum	<ul style="list-style-type: none">❖ Yes❖ No
Documents	<ul style="list-style-type: none">❖ HTML❖ Word
Video	<ul style="list-style-type: none">❖ Yes❖ No
Would you like to have your students follow a workshop?	<ul style="list-style-type: none">❖ Yes❖ No
Would you like to have a tutor for your e-class?	<ul style="list-style-type: none">❖ Yes❖ No❖ Maybe