ATS Media Server File Submission

Name _____

Date _____ Department/Office _____

Phone No. _____

Email Address _____

Request made by: ☐ Faculty ☐ Staff ☐ Student

If student, please complete the following:

Media file requested for course: _____

Instructor name _____

Name of file(s) submitted * _____
_____
_____
_____

If more than one file, should they be viewed in list format (sequentially), or viewed separately?
☐ List Format ☐ Separately

Any preferences for URL name to reference file(s) _____
_____
_____
_____

When should file(s) be deleted from the server? ☐ End of semester
☐ End of academic year
☐ Other _____

*the following file formats are accepted: .wma, .wmv, .asf, .avi, .wav, .mpg, and .mp3.

PLEASE KEEP A COPY OF YOUR MEDIA FILE(S) IN CASE OF SERVER FAILURE