Clip Capture Request Form

Name:_____ Phone: _____
Department:_____ Email:_____

Date Submitted:_____ Date Required*:_____

Course No:_____
Full Course Name: _____

Film Title	In (hh:mm:ss)	Out (hh:mm:ss)

Subtitles: (circle one) On Off

Output: (circle one)
Mac PPT (.mov) Windows PPT (.wmv) Playable DVD (with menus)

Comments/Directions:

* Clip requests will be filled in the order received. An estimated completion date will be provided when the job is submitted. Every effort will be made to meet course required deadlines.

For internal use
Date Completed: Completed by: