

TEACHING RESOURCES CENTER

Video Purchase Application

Note that videos, CD's or films purchased with UIIP funds should have closed captioning. If closed captioning is not available the department is responsible for taking measures to accommodate the needs of individuals with disabilities.

Date: _____

Name of Applicant: _____

Department(s): _____

Academic Title: _____

Title of Video:
(Copy this form as needed for additional videos)

Estimated Cost of the Video including Tax and Shipping: \$ _____

Brief Synopsis of the Video (if available):

Undergraduate Courses in Which This Video Will be Shown:

Departmental DaFIS Contact: _____

DaFIS Account Number: _____

[Must be from OPPINS sub-fund group (legacy 09520)]

Department Chairs Signature (required): _____