DAEL Equipment and Facilities Use Request

This form must be filled out and submitted no earlier than four weeks and no later than one week prior to the requested dates during the semester in which the equipment or facilities are to be used.

Name (Please Print): ____________________________
GSU ID#: ____________________________
Signature: ____________________________________________
Date: __________________

Faculty/Practicum Advisor Name (please print): ____________________________________
Faculty Signature: _____________________________________
Date: __________________

Purpose:

( ) COMM 6910: Special Project
( ) COMM 6980 (Previously COMM 8800): Practicum Hours*

*In accordance with the Graduate Handbook, a Practicum Proposal must be approved by the student, Practicum Committee before any Equipment or Facilities Use Request can be processed. All students who wish to use DAEL equipment and/or facilities for practicum projects must be enrolled for at least one credit hour of practicum research (COMM 6980) in each semester in which they require access. A practicum project is expected to require no more than two semesters of access to DAEL equipment and/or facilities. Requests from students who have already enjoyed two semesters of access to DAEL equipment and/or facilities will be accommodated only as equipment and staff resources permit. All students must submit proof that they have had previous classroom instruction (or individual instruction with a faculty member) for all equipment and software that they are requesting. (Note: Special Project requests must also meet the above criteria and all of the above courses require that the student submit supply cards before they will be allowed the use of any equipment or facilities. Please see the instructor or course syllabi for supply card and equipment checkout/return policies and procedures.)

Current Semester:

( ) Fall	 ( ) Spring	 ( ) May	 ( ) Summer	 Year: ___________

Dates and Times of planned use: _____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Production Equipment Needed (Only the equipment and facilities listed below are available for use in Special Projects or Practicum projects):

Film Cameras
( ) Arri S 16mm
( ) Arri BL 16mm
( ) Arri SR 16mm

Video Cameras
( ) Canon XL-1
( ) Sony DSR-PD150
( ) Sony DSR-130

Audio
( ) HHB PortaDat
( ) Mic Kit
( ) Wireless Mic

Facilities
( ) HHB TC PortaDat
( ) Audience Response Theater
( ) Blue Screen Studio (DAEL)
( ) Dubbing Station (200-1PP)

Tripods & Support
( ) Bogen Mini Tripod
( ) Bogen 510 Fluid Head Tripod
( ) Miller 25 Fluid Head
( ) Sachtler 7+7 Panorama

Lighting
( ) Arri Light Kit
( ) HMI 1200W
( ) HMI 4000W
( ) Mole Richardson Lights
( ) Light Stands
( ) C-Stands

Computer Equipment Needed:
( ) Apple Computer
( ) Avid Xpress
( ) Apple G4 w/Final Cut Pro and DV Deck
( ) NT Computer w/Scanner

Software Needed:
( ) Adobe After Effects
( ) Macromedia Authorware
( ) Adobe Illustrator
( ) Discursive Combustion
( ) Adobe Photoshop
( ) Movie Magic Budgeting
( ) Movie Magic Scheduling
( ) Apple Final Cut Pro

By signing below, I acknowledge that I am a paid, registered student at Georgia State University for the current academic semester in an approved course for which I will be using this equipment and that the use of this equipment is not for personal profit or financial gain. In addition, I attest that I have completed the required production courses and have the proper training and necessary skills to use the above equipment properly. I also understand that I may be required to produce course documentation or demonstrate my technical ability before this request can be approved.

Requestors Signature: __________________________________
Date: __________________

Phone: ______________________________
E-Mail: ______________________________

Approved	 	 	 Denied

Comments: ___________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Authorization:
DAEL Co-Director: __________________________________
Date: __________________
Facilities Manager: _______________________________
Date: __________________
Systems Administrator: ___________________________
Date: __________________

1/07/02