Office of Distance Learning

RESERVATION FORM

Please select one of the following:

☐ JTS 233 ☐ JTS 234 ☐ JTS 333 ☐ Library 179 ☐ NB 116 ☐ Other

☐ Videoconferencing ☐ Non-Videoconferencing ☐ Teleconferencing

Near End Information

Name/Office Requesting Room: _____

Meeting Time/Date: _____

Number of Participants: _____ GSU Support Email: prudhomme@gram.edu

GSU Support: _____ Jacques Prudhomme 318-274-2192 _____

GSU System: Polycom VSX 7000 GSU Transmission Rates: 128, 256, 512 kbs

*Standards Required: H323

Far End Information

Company/Organization: _____

Meeting Time/Date: _____

Number of Participants: _____

IP Address: _____ Far End Support: _____

Far End Support Contact: _____ Cell: _____

Far End Support Email: _____

Far End System: _____ Far End Transmission Rate: _____

Test Date: _____ Time Zone: _____

*Standards Required: H323

Approved: _____
Eldrie B. Hamilton
Director, ODL

Disapproved: _____
Eldrie B. Hamilton
Director, ODL

Notes: _____

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