

**APPLICATION FORM
DISTANCE EDUCATION ONLINE AUDIOCONFERENCING ROOM**

Name: _____ College: _____

Phone #: _____ Fax #: _____

Email: _____ Mail Code: _____

Course and course #: _____
(e.g., ENGL 1301, Composition I)

Class #: _____
(5 digit CRN #)

You must use a moderator ID and a password to access your new audioconferencing room.
Please provide that information below:

Moderator ID: _____ Password: _____
(min. 8 characters, maximum 12) (min. 8 characters, maximum 12)

You must also take the online audioconferencing workshop prior to requesting a "room." To access this training, go to http://tc1.hccs.cc.tx.us/hist/yr02/De_Workshops/ You **must**:

- use Internet Explorer or Netscape version 6.2x. **DO NOT** use any earlier version of Netscape on a PC.
- view the training at 1024x768 or with maximized browser at 800x600.
 - have REAL PLAYER installed.
 - have a high-speed connection to the internet (i.e., cable, DSL, or a connection from your PC at HCCS).
 - complete the evaluation form included with the training. Once your evaluation and this application form are complete, your room will be provided.

Have you completed this workshop training? _____

Signature Date

PLEASE RETURN FORM TO RAMIRO CHAPA OR STEPHEN LEVEY
DISTANCE ED. – MC 1740 or FAX 713-718-5388