

SUFFOLK UNIVERSITY on iTunes U

ITUNES U REPRESENTATIVE FORM

This form must be completed by each Department or School wishing to participate in the iTunes U public site.

_____ wishes to participate in Suffolk University on iTunes U.
(Please print Dept or School Name)

I _____ appoint _____
(Please print) *(Please print)*

as the iTunes Representative for the School/Department. The School/Department and I take responsibility for complying with all Suffolk University policies and procedures relating to iTunes U.

Name: _____ Title: _____
(Please print) *(Dean/Department Head)*

Signature: _____ Date: _____

Name of iTunes U Representative: _____

Campus Address: _____

Campus Phone: _____ Cell Phone: _____ Other Phone: _____

E-mail: _____

I agree to fulfill the responsibilities for _____
(Please print Department or School Name)

in the position of iTunes U Representative and will comply with all Suffolk University policies and procedures related to iTunes U found at <http://www.suffolk.edu/itunes>

Name: _____ Title: _____
(Please print) *(Dean/Department Head)*

Signature: _____ Date: _____

Please complete a separate form for each representative. Send one copy of each completed form to Irene Good, Room 1372, Rosalie K. Stahl Center.

CAMPUS USE ONLY

Reviewed by: _____ Date: _____