

# 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: \_\_\_\_\_