

California State University, Northridge
Department of Kinesiology

Multimedia Lab – Project Request

Today's Date: _____

Date Needed by: _____

Employee Name: _____

Contact Info: Extension: _____ E-mail: _____@csun.edu

Work Request: (check all that apply)

Poster Print: Poster Design: Poster Size: _____

Other: _____

Usage:

Display Case: Classroom Presentation: Conference: _____

Other information: _____

FOR IT PERSONNEL USE ONLY

Approved by: _____

Completed by: _____

Date completed: _____

Comments: _____
