**Synchronous Videoconferencing Request Form**  
**PHILLIPS THEOLOGICAL SEMINARY**

**THIS FORM SHOULD BE SUBMITTED WITH COURSE ENROLLMENT FORM**

**Important Information:** In certain circumstances, including the weekend portion of an intensive portal course, students may be allowed to participate in a course via synchronous videoconferencing. While this option does not always provide the best learning experience, on occasion such an arrangement does make it possible for students who could not otherwise participate in a full class to do so. The credit hours for participating in this way are considered distance hours and do not apply to the required on-campus hours of any given degree. Further, for courses other than the biblical languages (i.e., Hebrew and Greek), there is an additional fee of $150/credit hour for the entire semester (or $25 per class session) to be billed during the semester in which the videoconferencing takes place. Finally, students may not enroll in an entire intensive course through videoconference.

Students may petition for this option by completing and signing this form and submitting it to the registrar along with the Course Enrollment Form for the designated semester. **The deadline for submission of this form for an entire course is no later than one week before the beginning of the term; the deadline for a class session is at least two weeks before the class session for which the videoconferencing is requested.**

**Please note:** Due to a ruling by the University Senate of the UMC, United Methodist students preparing for ordained ministry may not take advantage of this arrangement in their coursework.

**NAME**

PTS Student Email: ____________________________ Phone: ____________________________  
*(please give the number where you can be reached while videoconferencing)*

Course for Videoconference: ____________________________

**This request is for:**

Entire Semester: ___  Semester/Meeting Day/time: ____________________________  
*or*
Specific Session(s): ___  Specific Dates/Times: ____________________________

**Rationale for Videoconferencing:**

__________________________________________________________

__________________________________________________________

__________________________________________________________

**Computer/Internet Requirements:**

Successful synchronous videoconferencing requires that the student has very specific tools. Therefore, students must have the following: *(check every item you have currently)*

☐ A reliable computer, running an up-to-date operating system (e.g., Apple OS X, Windows XP, Windows 7 or Windows 8)
☐ A Word processing program compatible with Microsoft Word 2007 or newer

☐ A presentation program compatible with Microsoft PowerPoint 2007 or newer

☐ Broadband internet access, or faster, (strongly preferred, regardless of whether it is delivered by satellite, cable, or DSL)

☐ A combination headset with microphone solution

☐ A webcam

If you do not have one or more of the items listed above, please indicate when you will get it or how you will compensate:

__________________________________________________________________________

__________________________________________________________________________

The Phillips faculty and staff primarily use up-to-date Windows software so your use of compatible software will make things a bit easier for you. Also, you should be aware that connectivity speeds, which affect the quality of your internet connection, vary with your supplier, time of day, and location. No matter how much they want to help you, Phillips staff members cannot fix this.

**Student Signature:**

I understand that participating in a course through videoconferencing does not meet the requirements for on-campus participation. Also, I understand that technology is never perfect and technological problems could interfere with my participation in a class session. I also recognize that this request must be approved by the instructor of the course, the dean, and the technical assistants of Phillips Theological Seminary.

STUDENT SIGNATURE__________________________ DATE____________________

APPROVAL OF PROFESSOR __________________ DATE____________________

APPROVAL OF EDUCATIONAL TECHNOLOGIST __________________ DATE____________________

APPROVAL OF DEAN __________________ DATE____________________

For Registrar Use Only:

Fee (if required): __________