



Media Production Service Request Form

**Learning Innovation Service Request Form**

**Computer Center, Mahasarakham University**

**Inquirer’s information**

 □ staff □ student □ non-MSU affiliation

 First name – Last name ........................................... Organization’s name.........................................................

 Telephone no. ....................................................... Email ................................................................................

**Requesting services**

 **Digital media publication and account**

 □ E-learning □ 360-degree Virtual Reality

 □ Digital Book □ Other ....................................................

 **Collaboration on media production and development**

 □ E-learning □ 360-degree Virtual Reality

 □ Digital Book □ Other ....................................................

 **Program /Software training courses**

 □ E-learning □ 360-degree Virtual Reality

 □ Digital Book □ Other ....................................................

 **Digital media development consultation**

 □ E-learning □ 360-degree Virtual Reality

 □ Digital Book □ Other ....................................................

 **Digital media software**

 □ E-learning □ 360-degree Virtual Reality

 □ Digital Book □ Other ....................................................

 **Other (Please specify)**...........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Please sign here ...................................................................... Staff’s signature .....................................................

 (....................................................................) (..........................................................)

Date of inquiry ................../.................../................. Date of receipt ............../.................../.................