E-LEARNING STUDIO USE AGREEMENT

DATE: ______/_____/_____ 

STATEMENT OF RESPONSIBILITY:
All signed borrowers are responsible for the condition of the room and equipment. Problems with equipment or cleanliness caused by a previous user must be reported to the Student Technology Assistance Center staff before using the room. The library is not responsible for unattended personal belongings.

RESTRICTIONS:
A valid Wright State University ID must be presented to use the room. This room may only be used by Wright State University students for distance learning class, online testing or webcam interviews. Any and all use must be for educational purposes. The room is not a private study room.

USE AGREEMENT:
I agree to abide by the following room use rules:
• I will use The eLearning Studio room only for the purposes listed above.
• I understand that in order to avoid disturbing others, all noise must be kept to a minimum and headphones must be used when listening to sound on computers.
• I will not prevent my fellow students from a fair opportunity to use The eLearning Studio by attempting to retain access to this room longer 2 hours.
• I will not bring food and drinks into The eLearning Studio.
• I will return all furniture and equipment to its original location before leaving the room.
• I understand that workstations are limited to a maximum of 2 students per computer.
• I understand that The eLearning Studio closes 30 minutes before the Student Technology Assistance Center closes.
• I understand that the library reserves the right to suspend my use of The eLearning Studio for a minimum of one academic semester if, in the opinion of library administration, I fail to abide by the spirit and intent of this policy.

EACH USER MUST PRINT THEIR NAME LEGIBLY:

1. ________________________________

2. ________________________________

REASON FOR USING THE ROOM:

☐ Distance Learning Course (print name of course) ________________________________

☐ Online Testing

☐ Job Interview

Staff Initials Out: __________ Time Due: __________ Time Returned: __________
Staff Initials Returned: __________ Room Check Initials: __________

Revised 8/5/2018