

## Department of Physician Assistant Studies Permission to Record Lectures

| Semester:                  | ☐ Fall | Spring | Year: |       |  |  |
|----------------------------|--------|--------|-------|-------|--|--|
| Course Name                | e:     |        |       |       |  |  |
| Course Num                 | ber:   |        |       |       |  |  |
| Student:                   |        |        |       |       |  |  |
| Student's Graduating Year: |        |        |       |       |  |  |
| Purpose:                   |        |        |       |       |  |  |
|                            |        |        |       |       |  |  |
|                            |        |        |       |       |  |  |
| Instructor Na              | ame:   |        |       |       |  |  |
| Instructor Signature:      |        |        |       | Date: |  |  |