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| |  |  |  | | --- | --- | --- | |  | **T.C.****SÜLEYMAN DEMİREL ÜNİVERSİTESİ****SAĞLIK KÜLTÜR VE SPOR DAİRE BAŞKANLIĞI****AKADEMİX TV****HİZMET TALEP FORMU** |  |  |  |  |  | | --- | --- | --- | | **I – HİZMET TALEP EDEN AKADEMİK PERSONEL BİLGİLERİ** | | | | **Unvan Ad Soyad** |  | | | **Bölüm/Program** |  | | | **Enstitü/Fakülte/Yüksekokul/Meslek Yüksekokulu** |  | | | **İletişim Numarası** | **Dahili:** | **GSM:** | | **E-posta Adresi** |  | |  |  |  |  |  | | --- | --- | --- | --- | | **II – TALEP EDİLEN HİZMET TÜRÜ VE DETAYI** | | | | | **Haber Çekimi** |  | **Seslendirme** |  | | **Post Prodüksiyon (Kurgu&Montaj)** |  | **Diğer** |  | | **Talep Edilen Hizmet Detayları:** (Talebinizin içeriğini açıklayınız.) | | | |  |  |  |  | | --- | --- | --- | | **III – TALEP EDİLEN HİZMET TAKVİMİ** | | | | **Tarih** | **Başlangıç Saati** | **Yer** | | **…./…../20…** |  |  |     …./…./20…  Talep Sahibinin Unvanı Adı Soyadı  İmza |