

Rendering Application

Please print clearly

First Name _____

Last Name _____

Student ID# _____

Active Email _____

Computer Name _____

Rendering Start Date _____ **End Date** _____

File Name _____

Students are required to fill out this application when they want to render overnight and must come in the next day before 8:30 am to save their work. Technology staff will not monitor rendering process and/or responsible for any unsaved work.

By signing my name below, I certify that I have read, understand and abide by the above information.

Student Signature

Date

Technology Personnel Signature

Date

To be submitted to the Technology Department