



**Ai-live captioning in Zoom request form**  
*Please attach this pdf to your Media Service Request form.*

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Instructions: Please fill in the below fields with the courses that require live captioning for upcoming term.

Subject Title and Section Number	Session start date	Session end date	Recurrence					Session start time	Session end time	Student(s)/Instructor Name	Student(s)/Instructor Email Address	Date Exclusions (public holiday, exam day, etc)	AAP(Academic Accommodation Plan) on file with SAS?		Zoom Link/Passcode
			M	T	W	Th	F						YES	NO	
												YES	NO		
												YES	NO		
												YES	NO		
												YES	NO		
												YES	NO		

Additional comments: