



Educational Technology Certificate Program Permission to Use Student Work

Mail or fax to:
Brook Thompson, 444 Erickson Hall, East Lansing, MI 48824
Fax: 517-353-6393

Student name _____ Date _____

Course Name _____ Section Number _____

Location _____ Instructor _____

Grant of Permission: *I hereby grant the Educational Technology Certificate Program permission to use my work created in the above course for the following purposes.*

Initial all for which permission is granted:

- | | |
|---|---|
| <input type="checkbox"/> Instruction | <input type="checkbox"/> Professional presentations |
| <input type="checkbox"/> Curriculum writing | <input type="checkbox"/> Share with other instructors and classes |
| <input type="checkbox"/> Research | <input type="checkbox"/> Professional publications (print and electronic) |

I understand I will still retain ownership and copyright to the work and am free to use it/them for other purposes, both commercial and non-commercial in nature.

Initial one of the following:

- I would like my name removed from the work before being used
- I require that I be credited with the creation of the work in all cases of use
- I would rather not have my instructor use my work for any purpose

Certification of Authorship. *I am the owner of the copyright to the work, and the work is not now subject to any grant or restriction that would prevent its use consistent with this permission. Except as explicitly indicated on the work, all aspects of the work are original to me and have not been copied or adapted from other sources.*

Student signature _____
Date

Instructor signature _____
Date