Missouri State | DIRECT

ZOOM License Usage Report

Usage must be reported for each semester.   Year _____   Semester _____

Faculty/Staff Member's Name _____

Email _____

Courses that are utilizing this Zoom License:

CRN	Course Code & Number	Teaching Location (Building, Room Number, Address)

☐ Other administrative use _____

Faculty/Staff Member _____ ____ / ____ / ____
                                          Signature   Date

Completed forms can be emailed to aroland@missouristate.edu or sent to Alumni 400, to the attention of Alan Roland.