



School of Design, Communication and Information Technology

Audio Telephone Interview Request

YOUR DETAILS

NAME: _____

STUDENT NUMBER: _____

COURSE: _____

PHONE NO: _____

INTERVIEW DETAILS

INTERVIEWEE: _____

INTERVIEWEE'S JOB TITLE: _____

PHONE NO.: _____

INTERVIEW DATE: _____

INTERVIEW TIME: _____

*This form must be submitted to the Technical Officer (Audio) a minimum of 24 hours prior to your scheduled interview time.

*Please provide as much notice as possible if your interview is cancelled for any reason.

*Should you wish to have your interviewee call you, the direct number to the studio is 02 4921 7375

Return to the Technical Officer (Audio) in HC60 as soon as possible.