



Missouri Western Television

Programming Ideas*

Date_____

Department Information

Department Name_____

Department Chair / Director_____

Programming Information

Describe the department's accomplishment / achievement or event for consideration_____

Date(s) of accomplishment or event_____

Contact person(s)

Name_____ Title_____

Email_____ Phone_____

*The information provided on this form will be considered for programming on Missouri Western Television. Please understand that while all submissions will be considered, not all can be used at any given point in time.

Instructional Media Center ~ Hearnes 150

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