YASAR UNIVERSITY

INTERNET RADIO

Program Content Form

|  |  |
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| Name of Program: |  |
| Theme of the Program: |  |
| Time of Program: |  |
| Academic Period of the Program Broadcasting: |  |
| Broadcast Time / Duration of Program |  |
| Program Presenter: |  |
| Unit Worked -Faculty / Department / Class: |  |
| Producer of the Program: |  |
| Address: |  |
| Telephone: |  |
| E-mail Address: |  |
| - I accept all responsibility for any content (guest, subject, speech, sound, etc.) that will be published / published on Yaşar University Internet Radio radYU for the program ".................." I am the producer / presenter.*\* I give confirmation to Yaşar University including my personal data; to be saved, classified, processed, stored, to be updated by data channels, shared with third parties and Yaşar University can reach me through the communication channels I declare.* |
| Date:  |
| Name - Surname / Citizenship No: |
| Signature: |