



**Pamukkale University**  
**Disabled Student Unit Coordinatorship**  
**Audio Recording**  
**Commitment**



**Name and Surname of the Instructor:**

**Name and Surname of the Student:**

**Student's Number:**

**Course Name and Code:**

**Academic Year and Semester:** Spring ☐ Fall ☐

**Basic Principles**

- An audio recording can be made during the lesson only with the permission of the instructor who teaches the lesson.
- Students who cannot take notes or read their course notes due to a disability during the course can only record audio in the lessons for their personal use.
- The recorded courses cannot be shared with other people and platforms without the permission of the relevant instructor. It may not be published or cited in any way without the approval of the instructor and without citing the relevant instructor.
- Audio recordings kept in courses may not be used in any way against the instructor of the relevant course and the students participating in the courses.

I have read and understood the audio recording commitment. As a student enrolled in this course, I pledge that I will follow the principles stated above for every audio recording I will make.

**Name, Surname and Signature of the**

**Student:**

**Name, Surname and Signature of the**

**Instructor:**

**Date:**