



REQUEST FOR TECHNOLOGY CLASSROOMS

SEMESTER \_\_\_\_\_ DEPT/CRS# \_\_\_\_\_

COURSE TITLE \_\_\_\_\_

ENROLLMENT LIMIT \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ CONTACT # \_\_\_\_\_

DESIRED TIME: \_\_\_\_\_ ALTERNATE TIME: \_\_\_\_\_

DAYS: \_\_\_\_\_

DAYS: \_\_\_\_\_

TECHNOLOGICAL NEEDS:

\_\_\_\_\_ VIDEO PROJECTOR

\_\_\_\_\_ TV/VCR

\_\_\_\_\_ POWERPOINT

\_\_\_\_\_ TV/DVD

\_\_\_\_\_ SMART CLASSROOM

\_\_\_\_\_ DATA PROJECTOR

\_\_\_\_\_ INTERNET READY CLASSROOM

\_\_\_\_\_ ETHERNET JACKS

\_\_\_\_\_ OPERATED-ASSISTED LEC HALL

\_\_\_\_\_ CLICKERS

\_\_\_\_\_ WIRELESS

HOW OFTEN WILL EQUIPMENT BE IN USE?

PORTION OF A CLASS (PLEASE SPECIFY: \_\_\_\_\_)

\_\_\_\_\_ DAILY

\_\_\_\_\_ MONTHLY

\_\_\_\_\_ WEEKLY

\_\_\_\_\_ BIMONTHLY

\_\_\_\_\_ BIWEEKLY

\_\_\_\_\_ ONCE OR TWICE PER SEMSTER

COMMENTS:

REQUEST PREPARED BY \_\_\_\_\_

DEPARTMENTAL APPROVAL \_\_\_\_\_