Classroom and AV Request Form

Department Name _____

Class _____ Course Number and Section _____

Instructor Contact Number(s) _____
                              Primary   *Secondary*

Instructor Email Address _____

Date and time of class

Start and End Date:_____ *to* _____

Start and End Time:_____ *to* _____

Day(s) of Week
❍ Monday ❍ Tuesday ❍ Wednesday ❍ Thursday ❍ Friday ❍ Saturday ❍ Sunday

Requirements

Building Request *(if applicable)* 1._____ 2._____

Specified Room: _____ Room Capacity Request: _____

Classroom Type ❍ Lecture ❍ Conference ❍ Seminar ❍ Computer Lab

Other Special Needs: _____
Handicapped accessible, moveable tables (number needed), etc.

Audio/Visual Request ❍ TV/VCR ❍ DVD ❍ Overhead Projector ❍ Slide Projector ❍ LCD Projector ❍ Other_____

Software: _____ *(Subject to availability)*

Do you intend to use PowerPoint? ❍ Yes ❍ No

Do you plan to use your own laptop computer? ❍ Yes ❍ No

All rooms are subject to availability.

Please submit this form by fax: 312-503-4942, or email: scshelp@northwestern.edu