

Classroom and AV Request Form

Department Name	
<u>Class</u> (Course Number and Section
Instructor Contact Number(s)	
Primary	Secondary
Instructor Email Address	
Date and time of class	
Start and End Date:to	
Ohad and End Times	
Start and End Time:to	
Day(s) of Week	
O Monday O Tuesday O Wednesday O Thursday O Fr	riday O Saturday O Sunday
Requirements	
. to quit onto	
Building Request (if applicable) 1	2
Building Request (if applicable)	Z
Specified Room: Room Capacity Request:	
Troom Supusity Request.	
Classroom Type O Lecture O Conference O Seminar	O Computer Lah
oldsoroom Type 3 Ecolare 3 conticiones 3 continu	3 comparer Lab
Other Special Needs:	
Handicapped accessible, moveable tables (number nee	eded), etc.
Audio/Visual Request O TV/VCR O DVD O Overhead Projector O Sli	ide Projector O. I.CD Projector O. Other
Addistribuda Nodad Noquesta Grant Control Cont	00 1 10 Joseph 1 1
Software:(S	Subject to availability)
	rasjost to availability)
Do you intend to use PowerPoint? • Yes • No	
20 , 22	
Do you plan to use your own laptop computer? • Yes • No	
20 you plan to doo your own laptop computer: 9 100 9 100	

All rooms are subject to availability.