

Shared Multimedia Classroom Request

Please complete and return this form to the Scheduling Office by **CLOSE OF COURSE SCHEDULE MAINTENANCE** (see production schedule for date of close) for any class requesting to meet in one of the following Shared Multimedia Classrooms:

AR 121, CA 111, HM 100, HO 104, LG 304, MA 209, MU 116, PE 104, SC 103

- Requests will only be considered if they are complete with clearly marked equipment needs, and include an alternate meeting time.
- For information about media equipment, or computer or communication capabilities of classrooms call the Classroom Hotline at 962-6702.

Instructor _____	Department _____
Phone Number _____	Email Address _____
Subject _____	Course Number _____
Section _____	Seats Required _____
Preferred Building and Room Number	Preferred Class Day(s)/Times(s)
1 st Choice _____	1 st Choice _____
2 nd Choice _____	2 nd Choice(required) _____

Required Equipment	Number of Uses Per Semester				
___ Laptop Connections:	5	10	15	20	30+
___ Transparency Projector	5	10	15	20	30+
___ VCR	5	10	15	20	30+
___ DVD	5	10	15	20	30+
___ Thin Client Computer (Thin Client accepts USB disk key, but has no drive for floppy disks or CD's.)	5	10	15	20	30+

Other reasons for requesting a multimedia room (i.e. size, piano, etc.) _____

Signature: _____ Date: _____