

Computer Classroom Scheduling Request Form – Spring 2009

Please read the entire form and complete all sections. If a section does not apply, please write N/A.

Instructor _____	Email address _____
Department _____	Phone Number _____
Course Name / Number _____	Campus Address _____
Section Number _____	
Rosenau (SPH) 201 20 seats	
1st Choice (required) Time _____	Days _____
2nd Choice (required) Time _____	Days _____
3rd Choice (required) Time _____	Days _____
Estimated enrollment (MUST be 20 or less) _____	

The Department using the classroom must provide licensed copies, for the instructor and all students, of any additional software they wish to use. This software must be received by the Classroom Hotline (962-6702) a minimum of **EIGHT (8) WEEKS PRIOR TO THE FIRST DAY OF CLASSES** and must be network compatible (able to install and run it from a server). Further, the installation must not interfere with the functionality of the base suite of software. DOS applications are no longer offered or supported. Installed software includes the most recent major release of the following applications:

- Microsoft Windows XP Professional
- Microsoft Office (Word, Excel, Access, and PowerPoint)
- SAS, SPSS
- Internet clients for Email, FTP, Telnet, web browser (Internet Explorer or Mozilla)

Will the computer classroom serve as a second classroom for this course? (Circle one) YES / NO

What software packages do you intend to use? _____

Will you need access to common file space for yourself and students? (Circle one) YES / NO

Please list any special needs or equipment (S-Video deck, non-standard audio, enhancements for handicap access such as VCR captioning) _____

NOTE: *Submission of this form does not constitute a confirmed reservation.*

Instructional Services will attempt to contact you via phone or email to confirm your reservation as soon as possible. Please contact the Classroom Hotline at 962-6702 or hotline@email.unc.edu if you have not heard from us within the normal classroom-scheduling time frame. Please fill out the entire form, as omissions will delay the scheduling process. Thank you for your interest in the computer classrooms.

Instructor's Signature: _____

Date: _____

Return this form via campus mail to: Classroom Hotline, CB#3503