INSTRUCTIONAL CLASSROOM REQUEST FORM – 1 PER CLASSROOM

PLEASE FILL OUT ALL INFO BELOW

START DATE ________________

END DATE ________________

NAME OF CLASS ____________________________________________

PROFESSOR ________________________________________________

ACADEMIC COORDINATOR __________________________________

CLASSROOM ________________________________________________

DAYS OF THE WEEK __________________________________________

START TIME ________________

END TIME ________________

PLEASE MARK ITEMS NEEDED AND HOW MANY

TALL WOODEN STOOL (30") __________

SHORT WOODEN STOOL (24") __________

DIRECTOR’S CHAIR (NONE AT THIS TIME) ________________

HIGH BROWN WOOD CHAIR WITH BROWN SEAT CUSHION (31” SEAT, 42” HIGH) ________________

FLIP CHART ON STAND ______

LARGE PORTABLE WHITE BOARD (79” W x 79” H) ______________

SMALL PORTABLE WHITE BOARD (4’4” W x 6’ H) ______________

TABLE TOP LECTURN ______

OTHER IF POSSIBLE ____________________________  # ________