

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 _____ # _____