

Classroom Reservation Request

For scheduling courses only

Semester:						
Requestor:				_		
Phone Nbr:				_		
Instructor:				_		
		Course	e Inform	ation		
Dept Course # Sec			Course Title			
	 					
	Days **	Course	Dates	Course Times		*Room Setup
# Students	MTWRFAS	Start	End	Start	End	U-Shaped
						Theater Classroom Style
** Please attach	a schedule of	the class i	f it will me	eet on an ir	regular basi	is
Is technical assistance needed?				Yes	No	
Do you require a video connection?				Yes	No	
If yes please pr	ovide connect	tion informa	ation			
Connecting F	Room No					
IP address or	Alias					
Connecting F	Room Conta	ct Info				
Which site wil	l originate c	onnectio	n?			
Comments/S	pecial Requ	ests/Add	itional lı	nformatio	on:	