

# TEMPLE UNIVERSITY AMBLER TECHNOLOGY CLASSROOM REQUEST FORM

Please provide 24 hrs. notice for all requests. Thank You.

**Please complete this form in full and return it to the Instructional Support Services Offices  
Widener Hall Rm. 114 Attn: Karen Grow.**

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## INSTRUCTOR INFORMATION

\_\_\_\_\_  
First Name                      Last Name                      Department

\_\_\_\_\_  
Office Phone                      Home Phone                      E-mail

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## COURSE INFORMATION

\_\_\_\_\_  
Department / Course Number / Section Number                      Course Title

\_\_\_\_\_  
Semester /Year                      Meeting Days                      Starting Time                      Ending Time

\_\_\_\_\_  
Building                      Room

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## EQUIPMENT NEEDED

- Smart Cart     Overhead Projector     Slide Projector     DVD Player and Monitor  
 VHS Player and Monitor     Video Recorder     Audiocassette/CD Player (Boombox)  
 PA System     Microphone and Stand     Flip Chart and Easel

Other: \_\_\_\_\_

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## EQUIPMENT USE

Will this equipment be needed for every class or for specific dates?

- Every Class     Specific Dates (please specify dates below)

Specify dates: \_\_\_\_\_

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## SIGNATURE

\_\_\_\_\_  
Instructor's Signature (or Dept. signature if submitting request for an unassigned section)                      Date