

TEMPLE UNIVERSITY AMBLER TECHNOLOGY CLASSROOM REQUEST FORM

**Note: Please complete this form in full and return it to the Ambler Scheduling Office
Attn: Pat Kelly (Fax: 215-283-1536).** Please note that technology classrooms and computer classrooms are subject to availability and, therefore, they are not guaranteed. Also, if you need software installed, please fill out the Request for Instructor Software in Technology Classrooms form, available on <http://island.temple.edu/techrequest>

INSTRUCTOR INFORMATION

First Name Last Name Department

Office Phone Home Phone E-mail

COURSE INFORMATION

Department / Course Number / Section Number Course Title

Semester /Year Meeting Days / Time CRN (if known) # of seats authorized

CLASSROOM NEEDED

Smart Classroom Building Preference: _____

Computer Classroom (lab) *** (PC / Mac)

EQUIPMENT USE

Please check the type of computer you need and indicate how often you will use it using the numbers shown below. Indicate any other equipment (and usage) on the line marked 'Other'. We cannot process your request without this information. Thank you.

***1 = every class *2 = specific dates (please specify dates below)**

Other Equipment Needs: _____

Specify dates: _____

SIGNATURE

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

ADMINISTRATIVE USE ONLY

Room Assigned Room posted to ISIS