

Semester _____

Year _____

ATTENTION SECTION HEADS

PLEASE BE SURE TO FILL THIS OUT WHEN TURNING IN
YOUR WORKING REPORTS FOR THE SEMESTER.

CHECK LIST -- CLASS ROOM TECHNOLOGY NEEDS IN MLC:

- COURSE TITLE: _____
- INSTRUCTOR'S NAME: _____
- COURSE NUMBER(S): _____
- ALL CROSS LISTS: _____
- ALL AUDIO/VIDEO EQUIPMENT NEEDED FOR SEMESTER
(PLEASE SPECIFY)
- _____
- _____
- ENROLLMENT: _____
- _____
- PREFERRED LOCATION: _____
- SECOND CHOICE: _____
- THIRD CHOICE: _____

Please submit to Roseanne Waterstraat

Office Use Only:

Date Received: _____ Time Received: _____ Initials: _____

Tech Support Notified of needs: _____

(date and to whom)

Date and location of room assignment: _____