

# Instructional Computing and Technology Classroom Installation Request Form

Date \_\_\_\_\_ Semester Install requested for \_\_\_\_\_

(When you would like to have it up and running)

Dept \_\_\_\_\_ Campus \_\_\_\_\_ Bldg \_\_\_\_\_ Room \_\_\_\_\_

Name of Requestor \_\_\_\_\_

Position Title \_\_\_\_\_

Dean or Dept Head \_\_\_\_\_

## **TYPE OF INSTALLATION DESIRED:**

We have a projector mounted on the ceiling but we need:

- a replacement       a console and controls       a computer       a DVD/VCR  
 other (please specify) \_\_\_\_\_

We have a projector but need:

- a replacement       it mounted on the ceiling       a console and controls  
 a computer       a DVD/VCR  
 other (please specify) \_\_\_\_\_

We don't have a projector but we would like:

- one on a movable cart       a portable one to take between classrooms or building       a computer  
 a console and controls       one mounted on the ceiling       a DVD/VCR  
 other (please specify) \_\_\_\_\_

We have a screen, but we would like:

- the screen size changed       the screen location changed  
 a new screen with the same dimensions and location  
 other (please specify) \_\_\_\_\_

Special Instructions:

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***I understand if this is a new money request that I may need to get approval from the College Wide Technology and Capital Outlay Committee. I further understand that it may take up to a semester before the installation occurs. Completing this form is a request only and it is not a guarantee that it will be honored.***

Rev. 9/4/09-MZ