

SWVHEC
Equipment Requests

Today's Date: _____

Institution: _____

Requested For: _____ **(Instructor's Name) By:** _____

Course Name: _____ **Course Number:** _____

Date(s) & Time(s)---Equipment needed:

One Time _____ **Weekly** _____ **Semester** _____ **Other (please specify)** _____

Number of Students (Participants) in Room: _____

Equipment Request(s):					
*Equipment must be requested 1 week in advance.					
_____	TV/VCR	_____	Occasionally	_____	Every Class
Session					
_____	Projector (Please specify):	_____			
_____	LCD Panel:	_____			
_____	Other (Please list):	_____			

OTHER NOTES OR SPECIAL INSTRUCTIONS: _____

Please return to your Site Director.