

## MULTIMEDIA ROOM REQUEST

Requested by \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_

FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER I \_\_\_\_\_ SUMMER II \_\_\_\_\_ YEAR \_\_\_\_\_

### Level of Multimedia Usage

**Type I Classroom**-Overhead Projector only (no request form needed)

**Type II Classroom**-Overhead Projector, VCR, monitor (use this form)

**Type III Classroom**-ELMO document camera, LCD projector, computer interface, VCR, sound system, multimedia console (use this form and select from list of rooms below)

**CRANFORD:** MLH, NLH, SLH, S107, S109, S111, N24, N26, N27, N28, H102, H110, H207, H214, H216

**ELIZABETH:** E323, E403, E412, E415, E424, E514, E603, E623

**PLAINFIELD:** P110, EMT LAB/Multipurpose Room

Course Number & Section	Level of Request	Room#	Class Size	Campus					
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		<i>Days:</i> _____	<i>Time:</i> _____						
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		<i>Days:</i> _____	<i>Time:</i> _____						

Special Event \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ # of people attending \_\_\_\_\_

Campus \_\_\_\_\_ Room \_\_\_\_\_

**Send a copy of completed form to your Chairperson/Coordinator and original form to:**

Jenny Guzman - for Cranford Campus request

Dr. Barbara Gaba - for Elizabeth Campus request

Dr. Jose Adames - for Plainfield Campus request

-----DO NOT WRITE BELOW THIS LINE -----

Registration/Provost Office approval \_\_\_\_\_ Date \_\_\_\_\_