

College of Visual Arts 2011-2012
Classroom Equipment Request Form

Date Submitted _____
Date Responded _____

CVA will make every effort to accommodate your classroom needs.

Course Name and Course Number _____
Instructor Name _____

Classroom Number _____

- Tables/desks: Number needed _____
 - Height _____
 - Surface _____
 - Chairs/stools: Number needed _____
 - Easels: Number needed _____
 - Sink
 - Blackboard
 - Whiteboard
 - LCD Projector & screen
 - Wireless
 - Special Lighting
 - Storage
 - Equipment: specify _____
 - Student Projects: specify _____
 - Cabinet
 - Shelves
 - Flat files
 - Special Needs: specify _____
 - Misc. _____

 - Removal of: _____
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Please submit a copy to your department chair by _____