Classroom Technology Request

Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797
Phone (413) 748-3530

Session(check one) Summer__ Fall __ Spring __
Calendar Year _____

In order to better support your classroom technology needs, we ask for your input as we begin the process of assigning classrooms for the upcoming semester. Please, place an "x" in the box next to the classroom equipment you need for each of your courses in the selected semester and year. Requests must be submitted to the Registrar's Office by the following dates to be considered for the noted semester:

May 1st for Summer courses

June 1st for Fall courses

December 1st for Spring courses

Please note that this is a request for required technology only. It is not a request for a specific classroom. If you require a specific room due to specific software need or course delivery requirements, you should contact the Registrar's Office directly.

Please submit a request for each course separately

Instructor:_____

Course Number Section:_____ Course Title: _____

Meeting Day /Times: _____

Equipment	Every Class	Occasional use	(Please specify dates)
Document Camera/Overhead	___	___	_____
DVD	___	___	_____
Data Projector	___	___	_____
Computer	___	___	_____
I'll bring my own laptop	___	___	_____
Internet	___	___	_____
Full Computer Lab	___	___	_____

Software (Please list the software you need installed): _____
_____

Other technology (Please describe) : _____
_____

* Please note that this is a request and not a guarantee. All classroom technology on campus will be assigned according to course delivery needs and optimal classroom utilization. We will make an effort to accommodate all requests. If we cannot schedule what you have requested, we will contact you to arrange other options.