

Edward E. Brickell Medical Sciences Library Computer Classroom Reservation Form

Date: _____ Course Name: _____

Instructor: _____ Email: _____

Department: _____ Phone: _____

Do you have an EVMS Computer Network account ?

Yes (Please write Server name here if you know it _____) No

(1) Please reserve the **COMPUTER CLASSROOM** (room 111; 30 networked PCs that face the front of the classroom in 5 rows, and 1 instructor PC with classroom management capabilities)

for the following times and dates:

From (time)	To (time)	On DAY	/ DATE
_____	_____	_____	/ _____
_____	_____	_____	/ _____
_____	_____	_____	/ _____
_____	_____	_____	/ _____

(2) Description of **CLASS** and **AUDIENCE**:

(3) **NUMBER of participants/approximate class size:** _____

(The classroom has 30 PCs. Under extraordinary circumstances, the Computer Lab may be reserved.)

(4) Class is: Credit Non-Credit

(5) Description (or name) of **SOFTWARE** you will use in your class: _____

(6) Is the **SOFTWARE** already installed on the Computer Lab/Classroom Network? YES NO❖❖

(If you are unsure about the installation, please contact the library's Help Desk Support/Computer Lab Manager, at 446- 5294.)

❖❖ If **NO**, please complete the attached **Computer Lab/Classroom Software Installation Request Form**.

(7) Will you need **AUDIOVISUAL EQUIPMENT** for your class?

(Please contact the library's Help Desk Support (Computer Lab Manager), at 446-5294 in advance of your session for instruction regarding equipment in the Computer Classroom.)

- Data projector (projects your laptop, computer monitor, or VCR image to a large projection screen)
- Laptop computer
- Digital Whiteboard (digitally records handwritten notes which can be projected or distributed electronically)
- Slide projector
- Overhead projector
- VCR/Monitor
- Other _____

The individual/department reserving the Computer classroom is responsible for the condition of the premises at the end of occupancy and will be charged for any damages to equipment or facility.

You will receive a confirmation copy of this request

Approved by: _____

Date approved: _____

Please address any questions regarding this form or our reservation policy to Kerrie Shaw, Public Services Coordinator at 446-5847. We will make every effort to fulfill your request and will contact you if any circumstances arise that will interfere with your reservation.