



**Request for Audio/Visual Equipment
and Room Usage Request**

Equipment requested by: DSU Instructor MDCC Instructor MVSU Instructor

Instructor Name: _____

Check equipment being requested:

Portable Computer Stations w/LCD Power Point

TV/VCR-DVD Combo

Overhead Projector

LCD Projector

Projection Screen

Room or Computer Lab Usage

Room Number: _____

Other _____

Date Needed: _____

Time Needed: _____

Location: _____

Approved by School Representative Signature: _____ Date: _____

Approved by GHEC Representative Signature: _____ Date: _____