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: __________