Tech Classroom Request Form

KANSAS STATE
U N I V E R S I T Y

Please submit request when *ALL* fields are completed. The form can be e-mailed as an attachment to enrollmentservices@ksu.edu.

Term: _____ 20_____

Department Scheduler's Name: _____ E-mail: _____@ksu.edu Phone: _____

Instructor's Name: _____ E-mail: _____@ksu.edu Phone: _____

Subject (i.e. ENGL): _____ Catalog # (i.e. 100): _____ Class # (i.e. 12345): _____ Section: _____

Session: _____ Component (i.e. LEC/LAB): _____

Select one:

_____ Requesting same time/days/dates/room as previous year

_____ Requesting different time/days/dates/room as previous year (**may lose previous room**)

_____ Adding a new class section (**room may not be available**)

Preferred characteristic (select one):

_____ Basic Technology Classroom

_____ Common Technology Classroom

_____ Expanded Technology Classroom

Studio classrooms will be scheduled by the appropriate department and the meeting pattern information updated in KSIS by the Dean's Office. The department and Dean's Office are responsible to make sure there are **no conflicts or double scheduling in these rooms**. These do NOT need a request form.