

ENHANCED CLASSROOM REQUEST FORM

Department _____ Semester _____

COURSE TITLE	SCHOOL NUMBER	SUBJECT NUMBER	COURSE NUMBER	SECTION NUMBER	INDEX NUMBER

Stop Point _____ Bldg/Room Assigned: _____

Days/Times _____ Bldg/Room Preferred: _____

Instructor: _____ **Email:** _____

Phone: _____

Does the above instructor have a Rutgers NetID?

Yes____ No____

Has the above instructor ever taught in an Enhanced Classroom before?

Yes____ No____

If the instructor has not used an Enhanced Classroom before on the Rutgers University-Newark campus, it is mandatory they receive training. Please contact the Office of Academic Technology at **973-353-1713** or oathelp@newark.rutgers.edu to schedule a training session.

Request Prepared By _____ **Date of Request** _____

Requestor's Phone _____

Departmental Approval _____ **Fax Request Form to 973-353-1587**