ENHANCED CLASSROOM REQUEST FORM

Department _____________________  Semester _____________________

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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