



TESC Fall 2017 Academic Space Request

Due: April 21st 2017

~Facilities Date Received Stamp~

Program Title _____

Faculty Coordinator _____ Phone _____ Email (only if non-Evergreen) _____

Maximum Student Enrollment _____ Number of Faculty _____

Class on both Tuesday & Thursday? **YES** **NO** (FIRST preference given to NOT requesting space BOTH Tuesday AND Thursday).

Requested during Governance Times Mondays 3-5:00 pm, Wednesdays 1-5:00 pm? **YES** **NO** (FIRST request exceptions from David McAvity)

| DAY OF WEEK | START TIME (AM/PM) | END TIME (AM/PM) | NUMBER OF STUDENTS PER ROOM | NUMBER OF ROOMS | ROOM TYPE 1st & 2nd Choice (lecture, workshop, movement, seminar, etc) | Audio Visual YES/NO | DESCRIPTION OF ACADEMIC ACTIVITY ex: Lecture, Discussion, Groups, Films SPECIAL ROOM NEEDS & WHY |
|-------------------|--------------------|------------------|-----------------------------|-----------------|---|------------------------|--|
| <i>Mondays</i> | | | | | | | |
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| <i>Tuesdays</i> | | | | | | | |
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| <i>Wednesdays</i> | | | | | | | |
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| <i>Thursdays</i> | | | | | | | |
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| <i>Fridays</i> | | | | | | | |
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| <i>Saturdays</i> | | | | | | | |
| <i>Sundays</i> | | | | | | | |