

Indiana State University
Nursing Course Room Scheduling

Department _____

Faculty Name _____

Course _____

Number of seats requested _____

Room Preference

1st preference _____

2nd preference _____

Date(s) needed _____

Start time _____ End time _____

Reason / Subject / Purpose (ie test, review etc) _____

Lab Preference: Multimedia Laboratory (Rm 201) / Demonstration Classroom (Rm 210) / Skills Laboratory (Rm 215)

Number of students participating in lab _____

Activity _____

Date(s) needed _____

Start time _____ End time _____

Reason / Subject / Purpose (ie workshops, practice sessions etc) _____

Prefer _____ total lab or _____ designated area for activity

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR DEPARTMENT

CHAIRPERSON BY _____.