



MULTIMEDIA CENTER CLASSROOM REQUEST FORM

DATE: _____

FROM: _____

CONTACT: _____

EXT: _____

SEMESTER: _____

Subject	Catalog	Section	Class Number	Days/Times	Instructor	Specific Technology Needed (Must Complete this Section)	Enrollment Capacity

DEPARTMENT _____

SIGNATURE _____

DATE _____

DISCLAIMER
SECTIONS WITH ENROLLMENT OVER 30
WILL BE PLACED BASED ON AVAILABILITY OF THE
LARGER MMC CLASSROOMS

<u>ROOM</u>	<u>CAPACITY</u>
CA B81	28
CA B83	30
CA B84	22
CA B85	20
CA B86	20