

Media Services Instructional Equipment Request Form

Fiscal Year: _____

Department: _____

College: _____

Please select **ONLY** one equipment unit from the list below. If you need more than one item, then use multiple forms.

Location of Requested Equipment

Camcorder w/tripod _____

Cassette player (boom box) _____

Cassette player (boom box with CD) _____

Computer/video projector _____

Overhead projector (standard) _____

Slide projector (carousel) _____

Stereo playback system _____

TV, VCR, cart system _____

Other: _____

Requested by: _____ Date: _____

RANKINGS:

Department Chair

Rank _____ out of _____ Signature _____ Date _____

Academic Dean

Rank _____ out of _____ Signature _____ Date _____