Special Request for Centrally Scheduled Space

Records & Registration University at Buffalo The State University of New York Tel: (716) 829-2382 Fax: (716) 829-2215 E-mail: srcenter@buffalo.edu Web: wings.buffalo.edu/services/rec-reg Hayes Annex B, 3435 Main Street Buffalo, NY 14214-3015

SPECIAL REQUEST FOR CENTRALLY SCHEDULED SPACE All sections on this form must be complete before submission.

Please forward this form to Scheduling (DUE,GRAD courses) or MFC (MFC or Summer Sessions Courses) as soon as you become aware of a special request for the semester-in-planning.

Note: If this course is cross-listed or dual-listed, only the departmental "owner" may initiate a Special Request.

Semester:	Fall:	k	Spring:		Summer Sessions:	
		Year		Year		Year
Dept. Abbre	viation: _	Cours	e #:	_Section: _	Registration #:	
	Days:			Times: _		
		s ted or dual-li le sum of each sec			dual-listed courses):	

I. TECHNOLOGY NEEDS Instructor Name: _____

IBM Computer	Visualizer
MacIntosh Computer	Video
SUN Workstation	Dual Slide Projection
Laptop Computer Port*	

*Instructor must supply laptop computer and connecting cable

II. OTHER NEEDS

___ Instructor Disability (Please describe what accommodations are needed.)_____

_ Extra Chalkboard Needs:	Large (17' - 24')	Extra Large (over 24')
Seat on campus other that	"home" campus (where de	partment is located).
Campus reques	ted:	
Other Room Request or Sea	ting Request Tables (vs. t	ablet arm chairs), Fixed/Movable Chairs, etc.

Department Scheduler

Date