



# 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
Mondays							
Tuesdays							
Wednesdays							
Thursdays							
Fridays							
Saturdays							
Sundays							