OU TULSA

Classroom Reservation Request

For scheduling courses only

Semester: _____

Requestor: _____

Phone Nbr: _____

Instructor: _____

Course Information			
Dept	Course #	Sec	Course Title

# Students	Days ** MTWRFAS	Course Dates		Course Times		*Room Setup
		Start	End	Start	End	U-Shaped Theater Classroom Style

** Please attach a schedule of the class if it will meet on an irregular basis

Is technical assistance needed?   Yes   No

Do you require a video connection?   Yes   No

If yes please provide connection information

Connecting Room No   _____

IP address or Alias   _____

Connecting Room Contact Info   _____

Which site will originate connection?   _____

Comments/Special Requests/Additional Information: