Equipment Request Form

Office of Educational Technologies - Gateway Community College

Name: ________________________________________  Today’s Date: ____/____/____
Course: ___________  Days (please circle)  M  T  W  R  F  S
Date Needed: ____/____/____ or Semester ________________ (extended assignment)  Room: ______
Set-Up Time: _____:____ am/pm  Start Time: _____:____ am/pm  End Time: _____:____ am/pm

_______ Anchor Speaker  _______ Smart Podium
_______ Audiocassette Player/Recorder (Boom Box)  _______ Digital Tape Recorder
_______ Blu-Ray Player/ VCR  _______ Turntable/ Record Player
_______ Classroom Response System (Clicker)  _______ Listenpoint
_______ Digital Presenter (Clicker)  _______ Portable P.A. System
_______ Digital Document Camera  _______ Headphones____/ Headsets ____
_______ Laptop Computer*
_______ LCD Projector____/ Projection Screen____
_______ Microphone Headset____/ Handheld____/ Podium Mic____/ Stand____
_______ Mobile Computer Lab (PC__ Mac__)  _______ Overhead Projector____/ Slide Projector____
_______ Video Camera____/ Digital Camera____/ Tripod____
_______ Other _______________________________________________________________________

*Please note that if you are bringing your own laptop, we will **not** be able to provide A/V adapters for Mac computers.

Comments:
__________________________________________________________________________
__________________________________________________________________________

***Equipment is to be picked up and returned by the borrower unless permanently assigned to a classroom. There is no guarantee of an extended assignment. An assignment of equipment to a classroom is based on demand.***

Signature of Staff/Faculty Member: ______________________ Phone/Extension ____________

**DO NOT** email this request form.

Please drop-off the request form at the Ed Tech Office - Room N318 or use interoffice mail.

Office Use Only

Received By/Date: ______________________  Logged In By/Date: ______________________