



Allied Health and Nursing HC 2010 Scheduling Form

Applicant Information

Faculty Name: _____
Last First M.I.

Department: _____

Class # and Requested Times _____

Office Phone: () _____

Faculty Signature: _____

Priority

Please check all priorities, if any, that your class meets. These are being used to help determine the most appropriate classes to be scheduled in the room. If your class does not meet any of the following priority, it will be scheduled on a first come, first serve basis, after the room has been scheduled with priority classes during the first round of scheduling.

- A) Class has specialized software that requires this lab to be used
- B) Class/lab is needed due to close proximity to other classes/labs being held
- C) Class needs the specific technology or collaboration environment that is only achieved through HC 2010

Please provide a brief description of the class:

Department Chair Signature: _____ Date: _____

Please be aware that all faculty teaching classes scheduled in HC 2010 will be asked to consider requests from other faculty who do not have access to HC 2010 to trade classrooms on a limited basis so their classes can have access to the room.