

Request to Use the VIMS Technology Classroom

Date of request: _____ VIMS Point of Contact: _____

Name of Group/Program: _____

Proposed Date(s) and Time(s): _____

Type of group:

Middle school students

Number of Participants: _____

High school students

Undergraduate students

Adults

VIMS Personnel Responsible for Supervising Student Group: _____

Software needs: _____

Other Equipment Needs: _____

Rationale for Using VIMS Technology Classroom: _____

Office of Academic Studies Approval/Date: _____

ITNS Approval/Date: _____

Date VIMS POC notified: _____

Date of EMS Reservation: _____