CLASSROOM PROFILE
Screen 1C5

Instructions: Complete this form for each new classroom or off campus site that will be listed in the class schedule. All blanks must be completed. Submit to Admissions and Records for input into classroom inventory.

Effective Term ______________________

Building Name/Site Location __________________________________________ Room Number ______

Room Description __________________________________________________________

<table>
<thead>
<tr>
<th>On/Off Campus</th>
<th>Room Type</th>
<th>CBM Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank - On Campus</td>
<td>LEC</td>
<td>110 Classroom</td>
</tr>
<tr>
<td>N - Off Campus</td>
<td>SEM</td>
<td>210 Class Lab (Regularly Scheduled)</td>
</tr>
<tr>
<td></td>
<td>LAB</td>
<td>220 Special Class Lab (Informally Scheduled)</td>
</tr>
<tr>
<td></td>
<td>AUD</td>
<td>310 Office</td>
</tr>
<tr>
<td></td>
<td>AUV</td>
<td>350 Conference Room</td>
</tr>
<tr>
<td></td>
<td>PVL</td>
<td>610 Assembly (Auditorium etc.)</td>
</tr>
<tr>
<td></td>
<td>CON</td>
<td>680 Meeting Room</td>
</tr>
<tr>
<td></td>
<td>LLB</td>
<td>Blank Other</td>
</tr>
</tbody>
</table>

Actual Capacity ______
Station Type ______
Wheel Chair Access _____Yes _____No

Design capacity______

A    Tablet Arm Chairs
D    Desk Chairs
L    Lab Stations
T    Table/Chairs
F    Drafting Desks
U    Auditorium Seating
R    Fixed Tier Sitting
Blank Unknown

Special Features______

ADF AV - Double Fixed Screen CBS Chalkboard - Small
ASF AV - Single Fixed Screen CBM Chalkboard - Medium
COM Computers CBL Chalkboard - Large
DAV Digital AV CPT Carpeting
GAS Gas for Lab RST Raised Stages
INT Internet SND Sound Isolated Booths
LAN Language Lab Equipment TVC TV Cable Hookup
PIA Piano MAR Marker Board
POD Podium VID Interactive Video
SOU Sound System

Comments/Special Use Notes__________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Submitted by ______________________ Date ______________________