

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 _____

On/Off Campus _____

Room Type _____

CBM Code _____

Blank - On Campus
N - Off Campus

LEC Lecture
SEM Seminar
LAB Laboratory
AUD Auditorium
AUV Audio/Visual
PVL Private Lesson
CON Conference
LLB Lecture/Lab

110 Classroom
210 Class Lab (Regularly Scheduled)
220 Special Class Lab (Informally Scheduled)
310 Office
350 Conference Room
610 Assembly (Auditorium etc.)
680 Meeting Room
Blank Other

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
ASF AV - Single Fixed Screen
COM Computers
DAV Digital AV
GAS Gas for Lab
INT Internet
LAN Language Lab Equipment
PIA Piano
POD Podium

CBS Chalkboard - Small
CBM Chalkboard - Medium
CBL Chalkboard - Large
CPT Carpeting
RST Raised Stages
SND Sound Isolated Booths
TVC TV Cable Hookup
MAR Marker Board
VID Interactive Video
SOU Sound System

Comments/Special Use Notes _____

Submitted by _____

Date _____