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 Registrar in BAB 104 or to registrar@sulross.edu for input into classroom inventory.

Effecti	ve Term		-				
Building Name/Site Location						Room Number	
On/Off Campus		Room Type		CBM Code			
Blank - On Campus N - Off Campus		LEC SEM LAB AUD AUV PVL CON LLB	Lecture Seminar Laboratory Auditorium Audio/Visual Private Lesson Conference Lecture/Lab		110 210 220 310 350 610 680 Blank	Classroom Class Lab (Regularly Scheduled) Special Class Lab (Informally Scheduled) Office Conference Room Assembly (Auditorium etc.) Meeting Room Other	
Actual Capacity		Station	Type_		Wheel	Chair AccessYesNo	
Design capacity		A D L T F U R Blank	Tablet Arm Chairs Desk Chairs Lab Stations Table/Chairs Drafting Desks Auditorium Seating Fixed Tier Sitting Unknown				
Specia	al Features						
ADF ASF COM DAV GAS INT LAN PIA POD	AV - Double Fixed Screen AV - Single Fixe Screen Computers Digital AV Gas for Lab Internet Language Lab Equipment Piano Podium		CBS CBM CBL CPT RST SND TVC MAR VID SOU	M Chalkboard - Mediur Chalkboard - Large T Carpeting T Raised Stages D Sound Isolated Boot TV Cable Hookup R Marker Board Interactive Video			
Comm	ents/Special Use Note	s					
Submit	tted by		Date				