

FORM C: Request for Classroom Supplies and/or Audio/Visual Classroom Set-Up

Name of the Instructor: _____

Date Submitted: _____

Date Needed: _____

Name of the Course: _____

Signature: _____

Type of Supplies:	Quantity of Supplies
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Audio Visual Set-Up Needed: YES NO

Type of A/V Needed: _____

Please submit this form to the MICP office at micp@georgetown.edu or via fax at 202.687.4881 at least three business days prior to date needed.