

George Mason University

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Arlington Classroom Equipment/Support Request Form

PLEASE WRITE LEGIBLY.

START DATE: ___/___/___ END DATE: ___/___/___

Start Time: _____ End Time: _____

**PLEASE CIRCLE THE DAY(S) OF THE WEEK YOU NEED
THIS EQUIPMENT/SUPPORT**

S M T W R F S

Course Number (required) _____

Building (circle one) (Original) (Hazel Hall) (Truland)

Room Number _____

Requestor: _____ E-mail: _____

Phone: _____ Fax: _____

Department / Unit: _____ Mail Stop: _____

ORG Number: _____

**ORG # MUST ACCOMPANY ALL REQUESTS IN ORDER
TO BE SCHEDULED.**

User (If Different): _____

Email: _____

Signature _____

Designated Proxy _____

Notes:

For Support Staff Use:

Date Received: _____

Scheduled By: _____

**Equipment is for Pick UP by user or
designated proxy ONLY**

Equipment needs:

____ First time support/training

____ Cassette Recorder

____ Conference Speakerphone (An analog telephone line
must be requested through your telecom coordinator at least
a week in advance to use the speakerphone.) Jack# _____

____ Digital Audio Recorder

____ DVD / VCR player

____ LCD Projector

____ MAC Laptop

____ Network/ VGA Cable

____ PC Laptop

____ Portable Sound System

____ Presentation Remote (Power point Clicker)

____ Slide Projector

Date Confirmation Sent: _____

SPLUS Event # _____