CoEHD – Sangren
EQUIPMENT RESERVATION REQUEST
Educational Technology Services  387-4585
Fax  387-4333   Email  ets-coordinator@wmich.edu

TERM:  FALL _______ SPRING _______ SUMMER I _______ SUMMER II _______

TODAY’S DATE:  ________________________ CONTACT PERSON (IF DIFFERENT THAN
INSTRUCTOR:  _________________________ INSTRUCTOR):  __________________________
DEPARTMENT: _________________________ PHONE #: _______________________________
COURSE: _______ SECTION #: __________ EMAIL ADDRESS: ________________________

Please Select Only One
___Faculty & Staff of CoEHD           ___ Faculty, Staff, & DAs/GAs/TAs of SOC        ___ Instructor Teaching in Sangren
___DAs/GAs/TAs of CoEHD                                       ___Students of CoEHD

CoEHD Sangren Checkout Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Date(s) Requested</th>
<th>Time(s) Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dell Laptop</td>
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<tr>
<td>Apple Laptop</td>
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<tr>
<td>Projector</td>
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<tr>
<td>DVD standalone recorders</td>
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<tr>
<td>Document Cameras</td>
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</tbody>
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Rules and regulations

• All equipment must be picked up at and returned to our office at your scheduled time.
• Only one of any type of equipment may be checked out at any given time.
• Maximum check out time for equipment is seven days.
• College of Education and Human Development checkout computers do not have administrator rights, limiting modifications. Make certain you reserve equipment early to allow time to have your name added to the system if it is not.

Notes:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

This space is for Educational Technology Services staff use
Staff Initials:   _________ Date Confirmed:  _____________ Confirmed by:  _____________