



# Classroom/Lab/Equipment Information & Approval Form

## HIGH SCHOOL - CAREER/TECHNICAL CENTER INFORMATION

Name of Individual Completing Report:

Date:

Name of High School or Career Center:

Courses requesting approval:

## DESCRIPTION/ INFORMATION

Written description of your classroom/lab/equipment (note - photos & classroom size may be requested):

Quantity of machinery, lab stations or lab tools:

Brand or quality of machinery, lab stations and/or equipment/tools:

Name & version of computer software used in classroom (if applicable):

Type of projects completed in the class/lab (please attach detailed course syllabus):

Current textbook(s) or other classroom materials (please include title, author, ISBN #):

Number of students per lab station/equipment: \_\_\_\_\_

Number of classroom contact hours each week: \_\_\_\_\_

Will your course(s) run yearlong or semester based? \_\_\_\_\_

**FOR USE BY VINCENNES UNIVERSITY REPRESENTATIVE(S) ONLY:**

Instructor's current syllabus attached with application? \_\_\_\_ Yes \_\_\_\_ No

Digital pictures of the classroom/lab/equipment submitted? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

**Comments:**

Site visit by faculty liaison to see classroom/lab/equipment needed for approval? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

**Comments:**

**Classroom/Lab/Equipment approved? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ More Information Needed**

If more information needed for approval, please clarify (i.e. need pictures, need to speak with teacher to get clarification, site visit required)

If denied – please provide reason and detailed description of requirements needed for approval:

**Other Comments:**

\_\_\_\_\_  
Name of VU representative reviewing this form (please print)

\_\_\_\_\_  
VU Department

\_\_\_\_\_  
Signature of VU representative

\_\_\_\_\_  
Date

**\*Note: A copy of this form must also be sent to the division dean.**