Classroom/Lab/Equipment Information & Approval Form

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Project EXCEL

Early College

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| **HIGH SCHOOL - CAREER/TECHNICAL CENTER INFORMATION** |
| **Name of Dual Credit Instructor: Date:****Name of Individual Completing Report (if different from instructor):** **Name of High School or Career Center:****VU courses for which classroom/lab/equipment is being evaluated:** ***(Faculty approval processed separately)*** |
| **DESCRIPTION/ INFORMATION****(Please attach separate documents for each section as necessary)** |
| **Written description and photos of the classroom/lab/equipment (*NOTE – if not provided, photos and classroom size may be requested*):****Quantity of machinery, lab stations or lab tools and student/equipment ratio:****Brand, age, and condition of machinery, lab stations and/or equipment/tools:****Name and version of computer software and operating system used in classroom (if applicable):****Type of projects completed in the class/lab *(Please attach HS course syllabus for information purposes only –*** ***VU syllabus must be utilized for all dual credit courses****)****:*** |
| **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:** |

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| ***FOR USE BY VINCENNES UNIVERSITY REPRESENTATIVE(S) ONLY:*****Instructor's current syllabus attached with application.  *Yes No N/A******(For information purposes only, not for approval of HS curriculum)*****Digital pictures of the classroom/lab/equipment submitted. *Yes No* N/A*****Comments:*****Site visit by liaison, to see classroom/lab/equipment, required for final approval. *Yes No* N/A*****Comments:*** |
| ***Classroom/Lab/Equipment approved. Yes No More Information or Site Visit Required*** |
| **If more information is needed for approval, please clarify (i.e.Need pictures, need to speak with instructor for clarification, site visit required)****If denied – please provide reason and detailed description of requirements needed to be considered for approval:****Other Comments:*****\*A typed name below serves as an electronic signature when this report is sent from a VU email address.*** **\_ \_** **\*Faculty Liaison/VU representative signature VU Department Date*****Note: A copy of this form must also be sent to the division dean.*** |