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.*** |