



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.***