## þÿClassroom/Lab/Equipment Information & Approval Form

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| **HIGH SCHOOL - CAREER/TECHNICAL CENTER INFORMATION** |
| **Name of the Instructor: Date:****Name of Individual Completing Report (if different from Instructor): Name of High School or Career Center:****VU courses for which lab is being evaluated:** |
| **DESCRIPTION/ INFORMATION** |
| **Written description of your classroom/lab/equipment (note – if not provided, photos & classroom size may be requested). Please attach a separate sheet if needed to provide a comprehensive description:****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 & 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:** |

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| ***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 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 Needed*** |
| **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 for approval:****Other Comments:** |

 ***\*A typed name below serves as an electronic signature when this report is sent from a VU email address.***

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**\*Faculty Liaison/VU representative signature VU Department Date**

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