



Office of the Registrar, MSC 3528
Student Success Center, Room 5300
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[https://www.jmu.edu/registrar/
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EPICx Classroom Request Form

Requesting Department Information

Academic Unit: _____

Contact Person: _____

E-mail/Phone: _____

Second Contact Person (optional): _____

Second Contact E-mail/Phone: _____

Classroom Request

Term: _____

Requested Room: _____

Meeting Days: _____

Meeting Time: _____

Anticipated Enrollment: _____

Class (Subject and Catalog Number): _____

Instructor: _____

Room Features (select all that apply):

- | | | |
|--|--|---|
| <input type="radio"/> A/V Control System | <input type="radio"/> Flat Panel Display | <input type="radio"/> PC |
| <input type="radio"/> Apple TV | <input type="radio"/> Flexible Seating | <input type="radio"/> Projector & Screen |
| <input type="radio"/> Audio System | <input type="radio"/> PTZ Camera for Zoom | <input type="radio"/> Ceiling Microphone for Zoom |
| <input type="radio"/> Blu-Ray Player | <input type="radio"/> Laptop Connection | <input type="radio"/> Wireless AV Capable |
| <input type="radio"/> Document Camera | <input type="radio"/> Multiple Whiteboards | |

Does meet with another class? Which? _____

Comments: _____
