

Request to Use the VIMS Technology Classroom

Please forward your request to academicstudies@vims.edu

Name of Group/Program:

Date of Request

VIMS Point of Contact

Proposed Date(s) and Time(s)

Type of Group

middle school students

high school students

undergraduate students

adults

Number of
participants

VIMS Personnel Responsible for Supervising Student Groups

Software Needs:

Other Equipment Needs:

Rationale for Using VIMS Technology Classroom

Office of Academic Studies Approval

Date

ITNS Approval:

Date

Date VIMS POC notified

Date of EMS Reservation