



Instructional Support Services

TEXAS WOMAN'S UNIVERSITY DENTON / DALLAS / HOUSTON

TECHNOLOGY AND INFORMATION SERVICES CLASSROOM TECHNOLOGY PROJECT REQUEST

REQUEST DATE _____

PROJECT NAME _____

PROJECT LOCATION _____

PROJECT DESCRIPTION _____

(Attach further description, drawings, product information, if possible)

REQUESTOR NAME _____

TITLE _____

DEPARTMENT _____

TELEPHONE _____ EMAIL _____

I prefer to be contacted by (circle one): TELEPHONE EMAIL

Submit Form to:

Kim Grover-Haskin, Director of Instructional Operations
Email: kgroverhaskin@twu.edu Fax: 898 3211

We will contact you, as soon as possible, to schedule a project consultation.

[For Office Use Only]

DATE _____ TIME _____ LOCATION _____