

**UTSA Training & Development
Class Scheduling Form**

Please use the Tab key, not the Enter key, to navigate this form.

Instructor(s):	Course Name:
	Course Code:

Phone No.	Length of Class:
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Course Description:

Course Objective:

Target Audience:

Prerequisites:

Number of Attendees	Date Preference	Time Preference (start - finish)	Preferred Location	Alternate Location

Room Setup Style:	Technology Requests
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Please "x" the appropriate square.	Please "x" the appropriate squares.
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Classroom <input type="checkbox"/> Conference <input type="checkbox"/> Lecture <input type="checkbox"/> Other: <input type="checkbox"/> <i>Type details for "other" below</i>	LCD Projector <input type="checkbox"/> Computer <input type="checkbox"/> DVD/VCR <input type="checkbox"/> Projection Screen <input type="checkbox"/> TV <input type="checkbox"/> Sound System (PA) <input type="checkbox"/> Technical Support <input type="checkbox"/> Other <input type="checkbox"/>
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