Experimental Classroom Form

Mesa Community College: Experimental Classroom Use Proposal

* Required

Faculty Name *

Faculty email

Course *
Course prefix, number, and Section if known

Date and Times *
Days of week, time of day classroom is needed

Room Requested *
AS 192 (24 computers + instructor station)

Semester to Begin *
Fall 2008

Project Title *

Length of Request *
- One semester only
- One Year (Fall and Spring)
- Other:

http://spreadsheets.google.com/viewform?key=py3G62k6jaJB2...
Project Description & Rationale *

Student Learning Objectives for the Project *

Alignment with College Strategic Priorities (Which ones and how) *
These can be found in our Strategic Plan: http://www.mc.maricopa.edu/about/orp/planning/

Project Implementation Plan *

Project Assessment Plan *
Division Chair Acknowledgement *
Have you notified your division chair of your experimental classroom request?
- Yes
- No

Special Software Required? *
- Yes
- No

What type of software is required
If you will be using computers in the classroom, please specify any special software needs. Standard Microsoft Office and Internet Browsers are installed, other software should be requested.