

CENTER FOR ACADEMIC EXCELLENCE CLASSROOM REQUEST FORM

E-mail Completed Form To: academicclassrooms@ochsner.org

Requester's Name: _____

E-Mail Address: _____

Extension: _____

CONSIDERATIONS FOR ACADEMIC CENTER USE

Please initial acknowledging understanding of each statement.

Failure to meet expectations of facility use may result in denial of future requests

Initials

The Center for Academic Excellence is designed to deliver an academic curriculum, prioritizing providing the highest quality of education to the care providers for tomorrow. Classes and other events associated with providing the highest quality of education are scheduled for the academic year. A delayed response to your request is only due to our attempt to adjust or rearrange activities to accommodate your request. Please initial each item, as we have experienced miscommunication regarding the facilities and services provided by the Center for Academic Excellence.

Please note we do not have conference center services such as a kitchen, cleaning, or trash removal throughout the day, nor are staff available to set up for or take down from your event. To ensure your leader's satisfaction, we HIGHLY recommend that you attend any event you schedule in the Center for Academic Excellence to provide any support necessary for your group to remove trash and reset the room for the next group.

- **BUILDING IS CLOSED ON NIGHTS, WEEKENDS, AND OCHSNER OBSERVED HOLIDAYS**

- **There is no audio-visual support services in the building.** First-time users requiring audio-visual equipment are required to make an appointment for a brief in-service prior to your meeting or event.

Requests for A/V assistance MUST be booked through A/V's online system.

<https://avrequest.ochsner.org/webcheckout/patron/patronPortal.html>

EXPECTATIONS FOR USE

Initials

- **Absolutely no food or beverage is allowed in the Testing Center.**
- **Only Blue Tape is allowed to hang items on the walls or doors throughout the Academic Center.**
- **Any damage to equipment, tables, chairs, walls or structure must be reported immediately to facilitate an appropriate service request to maintain the integrity of the center resources.**
- **Please be mindful of noise level. Student exams and/or lectures may be occurring.**

Today's Date: ____/____/____

Requested By: _____

Date of Meeting: ____/____/____

Total Number of Participants: _____ (include admin & faculty)

Name or Purpose of Meeting: _____

Start Time: _____

End Time: _____

First time user: Yes No

Phone/Web Ex connection needed: Yes No

Type of Room: Each room contains podium PC with microphone & Laptop connections (VGA/HDMI)

Classroom (seating capacity maximum 30 people) **** chairs cannot be pulled from other rooms****

Testing Center (seating capacity maximum 59 people)

Testing Center is for testing purposes or computer based training ONLY

**** Please allow 24 – 48 hours for all initial responses.**

**** If your scheduled meeting is cancelled, please email academicclassrooms@ochsner.org as soon as possible.**

Office Use Only:

Approval: _____

Date: _____