



# Humanities Visualization Space

## Teaching Request

Please review the [Scheduling](#) and [HVS Usage Guidelines](#) information before completing and submitting this request.

Date: \_\_\_\_\_

Instructor's Name (First, Last): \_\_\_\_\_

Department: \_\_\_\_\_

UIN: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Course Number & Title: \_\_\_\_\_

Enrollment: \_\_\_\_\_

Class Schedule: \_\_\_\_\_  
(e.g., MWF, 8:00-8:50)

Semester: \_\_\_\_\_

Year: \_\_\_\_\_

Number of Class Meetings Requested: \_\_\_\_\_

Check box to request HVS assistance during class session(s)

List Dates/Times Requested: \_\_\_\_\_

Provide a brief description of the class lecture or project. Review the available [Hardware and Software](#) and indicate needs in the space below, along with any other requirements.

**Notification of an approved request will be sent within five (5) days containing information about how to schedule an HVS Orientation session.**