LIBERAL ARTS INSTRUCTIONAL TECHNOLOGY SERVICES

DEVELOPMENT LAB FORM

to be filled out by staff or STA in the LAITS Development Lab

NAME: ____________________________________________

DEPARTMENT: ___________________________________________________________

CONTACT INFORMATION:
PHONE: _________________________________________________________________
EMAIL: _________________________________________________________________

CONTACT PREFERENCE (circle one): PHONE / EMAIL

WORK NEEDED (please be specific):

SPECIAL EQUIPMENT REQUIRED, if any:

DATE WORK NEEDS TO BE FINISHED: ________________________________

REFER TO STAFF MEMBER? (circle one): yes / no
NAME OF STAFF MEMBER FOR REFERRAL:
document filled out by
STAFF or STA NAME: _________________________________________________
STAFF or STA SIGNATURE: _____________________________________________

Please keep this form in the Development Lab, Mezes 2.116