



Boston University Media Group

Classroom Support Services

Card Access Request Form

Boston University faculty are now able to access CAS classroom projection facilities listed below by using their University Identification Card (UIC). The magnetic strip on the back of the UIC contains information read by the system identifying you as an authorized user of these facilities. Please provide your name, e-mail address, Boston University ID Number and phone number in the spaces below. ***Please check for accuracy as we use this information to authorize your card for access privileges.***

✓ Your Name: _____
✓ Your E-mail Address: _____
✓ Your BU ID Number: _____
✓ Your Phone Number: _____

For Office Use Only

Date Received: _____
Received By: _____
Activation Date: _____
Notified Individual: _____

Please select which classrooms, days and time blocks you would like access. You may select as many combinations as you need. ***In addition, please attach a photocopy of your University ID Card for security verification purposes.***

For questions, please contact the Media Group's Classroom Support Services at (617) 353-3227. We are located at 985 Commonwealth Avenue—on the westbound side. Our FAX number is (617) 353-6154

<u>CLASSROOM</u>	<u>DAY(S) REQUIRED</u>	<u>TIME BLOCK(S) REQUIRED</u>
<input type="checkbox"/> CAS B12	<input type="checkbox"/> Monday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

<u>CLASSROOM</u>	<u>DAY(S) REQUIRED</u>	<u>TIME BLOCK(S) REQUIRED</u>
<input type="checkbox"/> CAS 211	<input type="checkbox"/> Monday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

<u>CLASSROOM</u>	<u>DAY(S) REQUIRED</u>	<u>TIME BLOCK(S) REQUIRED</u>
<input type="checkbox"/> CAS 224	<input type="checkbox"/> Monday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

<u>CLASSROOM</u>	<u>DAY(S) REQUIRED</u>	<u>TIME BLOCK(S) REQUIRED</u>
<input type="checkbox"/> CAS 313	<input type="checkbox"/> Monday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

<u>CLASSROOM</u>	<u>DAY(S) REQUIRED</u>	<u>TIME BLOCK(S) REQUIRED</u>
<input type="checkbox"/> CAS 314	<input type="checkbox"/> Monday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
	<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

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