



College of Health & Rehabilitation Sciences: Sargent College

The George K. Makechnie Study Center

MSC *Equipment Reserve Form* – 617.353.4201

Please specify equipment needs for your course(s) during the semester. List the item(s) requested and specify the dates, times, location, course numbers if more than one, special instructions for each. For scheduling purposes, this information is required by the MSC at least a week prior to the requested time.

Dates /Days	Room number	Time (Start/End)	Equipment	Special Instructions

Professor: _____ E-Mail _____ T.A. _____

Course # _____ Semester: _____

& Course Name: _____

MSC ONLY: Rec'd by: _____ Date: _____
Processed by: _____ Date: _____