



Information Technology

Media Learning Center  
Faculty Resource Request Form

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date Required: \_\_\_\_\_

Requested Title(s)	Estimated Cost	Media (DVD, VHS CD-ROM, Slides)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Suggested Vendor (add attachment if needed): \_\_\_\_\_

Course(s) for which these resources will be used: \_\_\_\_\_

\_\_\_\_\_

Approximate number of times resource will be used each year: \_\_\_\_\_

Please explain the justification for resource purchase: \_\_\_\_\_

\_\_\_\_\_

Departmental Support

Chairperson: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Return completed form to:

CLA Media Learning Center  
AL-21 Anderson Hall  
1114 West Berks Street  
Philadelphia, PA 19122-6090

<http://www.temple.edu/mlc/>  
E-Mail: [medialc@temple.edu](mailto:medialc@temple.edu)  
Phone: 215-204-5439  
Fax: 215-204-5440