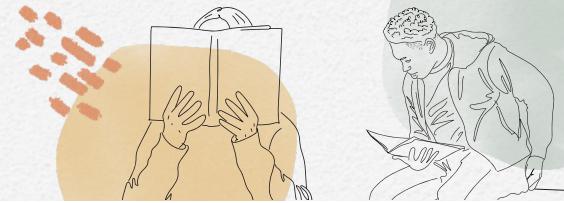


ACCESSABILITY

REQUEST FURNITURE SUPPORT



Name:

Student Number:

Mobile Phone:

Semester	1	2	Trimester	1	2	3
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Day the furniture is required	Time	Room number	Details of request Please note specific details of table and chairs required e.g., ergonomic chair with arms/no arms, adjustable table/fixed legs	OFFICE USE ONLY Maximo Request Number	OFFICE USE ONLY Maximo Request Date
	FROM: TO:				

OFFICE USE ONLY

Date Received:

Date Actioned:

ACCESSABILITY

Student AccessAbility and Support

P: +61 2 4921 6622 | F: (02) 4921 6900 | E: AccessAbility@newcastle.edu.au

CRICOS Provider 00109J

