SHOPS + STUDIOS <u>Curriculum Planning Tool</u>

FACULTY Use this form to communicate support needs in Shops + Studios facilities during the specified course. Technicians will confirm support or make modifications based on volume of requests received each semester. Fill form using Adobe Acrobat, and email to the area where you are requesting support (emails listed below).

Faculty Name		ECU Email	Date	
Course Mnenomic	Course Day + Time		Format 🛛 Hybrid	In-Person
Technician Consulted?	□ Yes □ No	Technician Name		
Support Type	ocess / Material Wor	shop 🛛 Safety Orientation	Specific Equipment Training	Other
Requested Support Tied	To Specific Pr	oject 🛛 Recurring Access	Interdisciplinary Support	Other
Select the area where yo	u are requesting sup			
	u are requesting sup			
Foundation Shop		Film + Screen Arts	Print Media printmedia Sculpture V	ecuad.ca
Foundation Shop		Film + Screen Arts		<i>Decuad.ca</i> Vood Shop
☐ Foundation Shop foundationtechs@ecuad.c		Film + Screen Arts fmsatech@ecuad.ca	<i>printmedia</i> @ □ Sculpture V	Decuad.ca Nood Shop cuad.ca
Foundation Shop foundationtechs@ecuad.c Animation Studio animtech@ecuad.ca Ceramics Studio	a	☐ Film + Screen Arts fmsatech@ecuad.ca ☐ Flexible Materials Lab rdolphin@ecuad.ca ☐ Interaction Design Lab	printmedia@ Sculpture V dmorgan@ec Soft Shop softshop@ec	vood Shop cuad.ca cuad.ca + Surfaces Wood Sh
Foundation Shop foundationtechs@ecuad.co Animation Studio animtech@ecuad.ca Ceramics Studio ceramics@ecuad.ca Communication Design	a n Studio	Film + Screen Arts fmsatech@ecuad.ca Flexible Materials Lab rdolphin@ecuad.ca Interaction Design Lab ixdtech@ecuad.ca Metal Shop	printmedia@ Sculpture V dmorgan@ed Soft Shop softshop@ed D Stretchers - pntgtech@ed	vecuad.ca Vood Shop cuad.ca + Surfaces Wood Sho cuad.ca ty Lab



 Course Learning Outcomes + Key Topics
 Required Materials + Equipment

EMILY CARR SHOPS + STUDIOS

□ WEEK 1 □ WEEK 2 □ WEEK 3 □ WEEK 4		
□ WEEK 5 □ WEEK 6 □ WEEK 7 □ WEEK 8		
□ WEEK 9 □ WEEK 10 □ WEEK 11 □ WEEK 12		
Key Deadlines		
Design Freeze:Final Critique:	Critique:	Critique:
Details of Support / To be filled by Tech	nical Services staff	
Start Date	End Date	
Reviewed By	Date	

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