

LAB REQUEST FORM

**Lab Unit
FORM NO – LU-3**

THIS FORM IS TO REQUEST COMPUTER LAB RESERVATION AT CCIS. PLEASE COMPLETE THE APPROPRIATE DETAILS ASKED IN THE FORM. REQUEST FOR RESERVING THE LAB MUST BE AT LEAST TWO DAYS EARLIER OF THE ACTUAL RESERVATION DATE.

REQUESTOR INFORMATION

YOUR NAME: _____ **DATE:** _____

ADDRESS: _____ **ORGANIZATION:** _____

EMAIL: _____ **PHONE:** _____

TYPE OF AUDIENCE- STUDENTS/FACULTY/ADMIN STAFF/OTHER: _____

REASON THE CLASS NEEDS A COMPUTER LAB: _____

WHICH COMPUTER LAB WOULD YOU LIKE TO RESERVE?

- GENERAL PROGRAMMING LAB
- MULTIMEDIA AND DATABASE LAB
- CISCO NETWORKING LAB
- IMAGE PROCESSING LAB
- ENGINEERING LAB
- DIGITAL FORENSIC LAB
- INNOVATION CENTER

DAYS OF WEEK: SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY

START DATE: _____ **END DATE:** _____

START TIME: _____ **END TIME:** _____

NUMBER OF DAYS: _____

NUMBER OF PC REQUIRED: _____

HOW MANY HOURS PER DAY YOU WANT TO USE THE COMPUTER LAB? _____

WHAT TYPE OF COMPUTERS/OPERATING SYSTEM WOULD YOU LIKE TO USE FOR THIS RESERVATION?

MAC

WINDOWS

NEED ANY ADDITIONAL SOFTWARE OR HARDWARE EQUIPMENT:

a) -----

b) -----

c) -----

d) -----

e) -----

f) -----

COMMENTS: _____

CONTACT INFORMATION:

AHSAN AHMED

PHONE: 016-404-6734

A.AHMED@MU.EDU.SA

YOUR SIGNATURE

APPROVED BY:

NAME: _____

SIGNATURE: _____