

LAB RESERVATION REQUEST

Educational Technology Services

Phone: 387-4585

Fax: 387-4333



WESTERN MICHIGAN UNIVERSITY
College of Education and
Human Development

TERM: FALL Year SPRING Year SUMMER I Year SUMMER II Year

TODAY'S DATE: _____

CONTACT PERSON (IF DIFFERENT THAN
INSTRUCTOR): _____

INSTRUCTOR: _____

DEPARTMENT: _____

PHONE #: _____

COURSE: _____ SECTION #: _____

EMAIL ADDRESS: _____

SOFTWARE BEING USED: _____

NUMBER OF STUDENTS: _____

Date Lab Requested	Kohrman 1 (2308)	Kohrman 2 (2314)	Time	Confirmed	Not Available

Notes: _____

This space is for Educational Technology Services staff use

Staff Initials: _____

Date Confirmed: _____

Confirmed by: _____