

# LAB RESERVATION REQUEST

Educational Technology Services 387-4585



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	Sangren Classroom Computer Labs	Mobile Wireless Lab	Time	Confirmed	Not Available

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This space is for Educational Technology Services staff use

Staff Initials: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_ Confirmed by: \_\_\_\_\_

WHITE-Faculty YELLOW-File Copy PINK-Network GA

Q:\www\education\ets\docs\labreservation.doc