

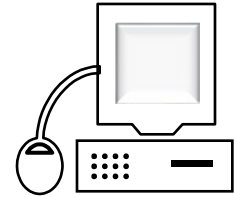


OFFICE OF THE REGISTRAR

COMPUTER LAB REQUEST FORM

ACADEMIC COMPUTER CENTER HOURS:

Monday – Thursday: 9:00 a.m. – 9:45 p.m.
Friday: 9:00 a.m. – 5:45 p.m.
Saturday & Sunday: 9:00 a.m. – 4:45 p.m.



LAB CAPACITY 20-22

DATE: _____

FROM: _____

CONTACT: _____

EXT: _____

SEMESTER: _____

Table with 7 columns: COURSE, SECTION, CODE, DAYS/TIMES, INSTRUCTOR, SOFTWARE NEEDED, ROOM REQUEST. The table is currently empty.

DEPARTMENT _____

SIGNATURE _____

DATE _____

DISCLAIMER
SECTIONS WITH ENROLLMENT OVER 22
MUST REQUEST TWO COMPUTER LABS

Table with 3 columns: ROOM, # of PC's, TYPE. Data rows: 118 (20 MAC/PC), 119 (20 MAC), 121-126 (20 PC).