**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:**

1. \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
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**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information:**
Ahsan Ahmed

Phone: 016-404-6734

a.ahmed@mu.edu.sa

**Your Signature Approved By:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**