



# Computer lab booking form

(submit this form to Scheduling & Room Bookings)

## Event information

<b>Course &amp; section or event</b>		
<b>UFV contact person</b>  <b>Name:</b> _____  <b>Department:</b> _____  <b>Local:</b> _____		
<b>Campus:</b>	<b>Number of student workstations required:</b>	<b>Specific lab (if known):</b>

## Repeating dates and times

Start date	End date	S	M	T	W	R	F	S	Begin time	End time
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## Exact dates and times

Date	Begin time	End time	Date	Begin time	End time

<b>Notes:</b>
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Internal use ONLY		
<b>Lab assigned:</b>	<b>Reference number:</b>	<b>Date received:</b>

*For special instructional equipment needs, please contact IMS.*