

Computer Lab Reservation Form

Contact Information:

Name: *
Phone: *
Email: *
Faculty Sponsor: *
Dep./Research Theme: *

When will this event be held?

Date: (DD/MM/YY)*
Start Time: (HH:MM AM/PM) * This is when the doors will be unlocked
End Time: (HH:MM AM/PM) * This is when the doors will be locked

* You must be present from the time the doors are unlocked until they are locked

What will be done with the computers in the classroom *

.....
.....
.....

Will you need any special arrangement **OR** software installed on the classroom computers beyond the standard package? *

Yes No

Will you need accounts to the classroom file server or cluster? *

Yes No

Will your event require usage of the classroom cluster? *

Yes No

These events will need to be recorded and made available over the web *

Yes No

I will remain in the classroom until all the students have left and the doors are locked.

I will enforce a strict no food or drink policy in the classroom.

* Denotes a required field