LAB RESERVATION REQUEST

Educational Technology Services
Phone: 387-4585 Fax: 387-4333

WESTERN MICHIGAN UNIVERSITY
College of Education and Human Development

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	Time	Confirmed	*Not* Available

Notes: _____

_____

_____

By submitting this form you agree to turn off all computers at the end of your reservation and allow no food or drinks in the lab at any time.

Note: Full semester reservations do not include exam week; a separate lab reservation is required.

This space is for Educational Technology Services staff use

Staff Initials: _____ Date Confirmed: _____ Confirmed by: _____

WHITE-Faculty YELLOW-File Copy PINK-Network GA