

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: _____

NUMBER OF STUDENTS: _____

Date Lab Requested	Sangren Classroom Computer Labs	Time	Confirmed	<i>Not Available</i>

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: _____

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