

Computer Lab & Equipment Reservation Form for Faculty

Please print clearly

Please note: The completion of this form does not guarantee the reservation. Labs are subject to prior reservations.

Date Form Submitted: _____

Instructor: _____

Email: _____

Phone: _____

Best time to contact: _____

Dept: _____

Course & Section #: _____

Class Title: _____

THIS SECTION FOR COMPUTER LAB REQUESTS

Check off which lab you want:

<u>Room</u>	<u>Type</u>	<u>Stations</u>
_____ CC165	PC	27
_____ CC167	PC	21
_____ CC168	Mac-Multimedia	21
_____ CC169	PC	17

THIS SECTION ONLY FOR DELIVERY REQUESTS

**Lab Cart or Other Equipment Request
(circle all that apply)**

PC Computer Macintosh Computer

Data Projector

TED 10 Macs Cart

Classroom to be delivered to: _____

Do you need internet access? _____

PLEASE FILL OUT THE FOLLOWING WHETHER YOU ARE REQUESTING A LAB OR A DELIVERY

Day (circle): M T W Th F Sat Sun

Starting Date _____

Ending Date _____

Occurrence

_____ One time only

_____ Daily

_____ Weekly

_____ Monthly

Comments: _____

How many students are in your class? _____

Starting Time Requested _____

Ending Time Requested _____

What applications (programs) will you be using?

_____ Word	_____ ClarisWorks/AppleWorks
_____ Excel	_____ Adobe Photoshop
_____ PowerPoint	_____ Adobe Illustrator
_____ Microsoft Visual C++	_____ Dreamweaver
_____ Microsoft Visual Basic	_____ Other: _____
_____ Peachtree Accounting	_____ Other: _____
_____ QuickBooks	_____ Other: _____
_____ SPSS	_____ Other: _____

Form filled out by: _____

All lab & cart requests are subject to prior reservations

Please return this form to the Computer Lab Help Desk in

Contra Costa Hall or the Computer Lab Supervisor

Staff use only

_____ Logged onto Database

_____ Entered onto calendar

_____ Confirmed with Instructor or Dept.