

APPLICATION FORM FOR ROOM RESERVATION

Rules :

1. Please reserve the laboratory 7 working days in advance.
2. Please specify if you need any special requirement such as video projector.
3. For other relevant policy and regulation, please refer the handbook of Scientific Computing Laboratory.
4. If you have any question, please feel free to contact Mr. Morris Law, IT coordinator, Science Faculty at ext. 5909.

Name/Position: _____ / _____

Dept./Office: _____ Contact Tel. No.: _____

Usage: _____

Subject Name / Course Code (if applicable) : _____

Reserve: Number of Workstations : _____
 (Please tick) Whole room Allow other users to use the workstations: Yes No

Special Requirement : _____

Period : Date : _____
 (Please tick) day/month/year

From : _____ to _____
 day/month/year day/month/year

Whole semester.

Please specify the corresponding date and time in the following table.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
09:30 - 10:30							CLOSE
10:30 - 11:30							CLOSE
11:30 - 12:30							CLOSE
12:30 - 13:30							
13:30 - 14:30							
14:30 - 15:30							
15:30 - 16:30							
16:30 - 17:30							
17:30 - 18:30							
18:30 - 19:30							
19:30 - 20:30							
20:30 - 21:30							
21:30 - 22:30							

Applicant's Signature: _____ Date : _____

===== For office use only =====

Your request is

<input type="checkbox"/>	successful
<input type="checkbox"/>	not successful because :
<input type="checkbox"/>	other :

Signature : _____ Date : _____
 Science Faculty Information Technology Coordinator