COMPUTER LAB BOOKING FORM
FACULTY OF ENGINEERING, UNIVERSITY OF MALAYA

A: APPLICANT DETAILS

Staff Name			
Designation		Department	
Email		Contact No	

B: BOOKING DETAILS

Purpose	Teaching	Exam	Training		Others		
Date of Use	From:		Until:				
Time	Start:		End:		Format: HH:MM, 24 hours		
Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Course Code		Course Name				No of Students	
Software						Version	
Expiry Date of Data	(For exam purposes only, data is kept in the PC until this date)						
Space Required	(For exam purposes only, hard disk space required to store the file)						
Other requirements							
Date Applied							

C: FOR OFFICE USE

Technical Staff In-Charge	
Venue	
Catatan: *(Remarks)*	

D: VERIFICATION BY OFFICER

Name		Date	