

COMPUTER LAB REQUEST FORM

This form is to request computer support for one computer lab. If you are teaching multiple courses or holding more than one meeting, please submit a different form for each room. Please provide at least one weeks notice in advance.

[Check classroom schedule before requesting the lab.](#)

If you need assistance, please call the I.T. Department at 7323.

General Information:

Name (Person requesting lab):	Date:
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Department/Division:	Phone Number:
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Email Address:

Date Requested:	Time:	Duration:
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Purpose of reservation/request:

				Labs	
<i>Campus</i>	<i>Building</i>	<i>Room#</i>	<i>Capacity</i>		
Uvalde	Wagner	1	24	<input type="checkbox"/>	
	Matthews	1	25	<input type="checkbox"/>	
	Matthews	2	25	<input type="checkbox"/>	
Del Rio	Admin	1	24	<input type="checkbox"/>	
	E	9	24	<input type="checkbox"/>	
	Academic	301	16	<input type="checkbox"/>	
	LVN		30	<input type="checkbox"/>	
Eagle Pass	E	200	23	<input type="checkbox"/>	
	E	201	24	<input type="checkbox"/>	
	E	204	30	<input type="checkbox"/>	
	E	300	24	<input type="checkbox"/>	
	E	306	21	<input type="checkbox"/>	
	C	115	21	<input type="checkbox"/>	
Crystal City		10	24	<input type="checkbox"/>	
			11	24	<input type="checkbox"/>
	Open Lab		13	<input type="checkbox"/>	
Hondo		117	15	<input type="checkbox"/>	
Pearsall		108	12	<input type="checkbox"/>	