



De La Salle University
INFORMATION TECHNOLOGY SERVICES OFFICE
Computer Laboratory Reservation Form

Note:
Computer Laboratory Reservations must be made at least one (1) week in advance

Name: _____ ID Number: _____ College / Department: _____

Course Code / Section: _____ E-mail Address: _____

School Organization (if any): _____ Contact No.: _____

Preferred Computer Laboratory: _____ Date and Time Needed: _____

Number of users: _____ Software Requirements: _____

Purpose: _____

Requester's Signature

Date and Time

Department Head / Adviser's Signature

To be accomplished by ITS

Assigned Laboratory

Approved by

Date



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Note:
Present this copy to the Laboratory Assistant-on-duty on the date of reservation.

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