

LEARNING ASSISTANCE CENTER

COMPUTER SERVICE CENTER RESERVATION FORM

North Campus Room 303

South Campus Room 218

*(Note: Class rosters **MUST** be submitted **WITH** this reservation request. include Student ID, Last, First, and Middle Name or initial)*

Please Email this form and your class rosters (in Excel .CSV or .TXT format) to:

North Campus LAMain303@pulaskitech.edu

South Campus LACSouth218@pulaskitech.edu

Today's Date: _____ (D/MMM/YY)

Instructor's Name: _____ **PTC Telephone:** _____

Valid Email Address: _____ **Alternate Phone:** _____

(Lab staff will verify your reservation by email)

Course/Class: _____ **Number of students:** _____

Program to be used: _____ (MyLabsPlus, MS Word, COMPASS, Internet, etc.)

Limit of three reservations per semester.

Requested Date/Time: D/MMM/YY From (am/pm) To (am/pm)	Time OK'd	Class Held	Alternate Date/Time: D/MMM/YY From (am/pm) To(am/pm)	Time OK'd	Class Held
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Check if the following apply:

- Lab staff REQUIRED.
- Software needs to be installed. (Specify below)
- Internet activity. (We will inform you of any known outages)

List any special requests or suggestions:

Instructor's Signature: _____

Received By: _____

Calendar Entry	Names Input	Appt. Made	Confirm Sent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>