



Lab Reservation Form

Personal Information

Name		E-mail			
Job Title		Extension		Signature	

Reservation Type:

<input type="radio"/>	Academic Course ()	<input type="radio"/>	Extra Lecture
<input type="radio"/>	Training	<input type="radio"/>	Exam
<input type="radio"/>	Seminar	<input type="radio"/>	Other:

Reservation Duration:

<input type="radio"/>	Long Time (More than two weeks)	<input type="radio"/>	Short Time (Less than two weeks)
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Request Information:

Request Day	Sat. Sun. Mon. Tue. Wed.	Request Date	/ / 14 H
No. of students		Course Name & Code	
Required SW		Section	
Department	<input type="checkbox"/> CS <input type="checkbox"/> IT <input type="checkbox"/> IS <input type="checkbox"/> Other:		

Reservation Information:

Reservation Day	Sat.	Sun.	Mon.	Tue.	Wed.
Time					
Date					
Lab No.					

For Video Conference

(For the Remote Site)	* Room No.		* IP address		
	* Technician Name		* Technician Mobile		* Signature

Please Do Not Fill This Part

Approval (Labs Unit)	<input type="checkbox"/> Approved Alternative lab ()	<input type="checkbox"/> Approved Alternative lab ()	<input type="checkbox"/> Approved Alternative lab ()	<input type="checkbox"/> Approved Alternative lab ()	<input type="checkbox"/> Approved Alternative lab ()
Vice Dean (Academic Courses)	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
Signature					

Please, send this form to the Technical Support Email: fcitg.help@kau.edu.sa