Advanced Lab Booking Form\*

For Evening and Holiday use of University Labs

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number : | | | | | | | | Section: | | | | | |
| Course Title : | | | | | | | | | | | | | |
| Faculty Name : | | | | | | | | Faculty Assigned: | | | | | |
| Previous Class Schedule : | | | | | Make-up Class Schedule : | | | | | | | | |
| ☐ S | ☐ M | ☐T | ☐W | ☐R | ☐S | | ☐M | | ☐T | ☐W | ☐R | ☐F | ☐A |
|  | |  | |  |  |  |  |
| Date :  Time : | | | | | Date :  Time : | | | | | | | | |
| Select LABS : | | | | | | | | | | | | | |
| * CSE LAB 01 * CSE LAB 02 * CSE LAB 03 | | | | | | * CSE LAB 04 * CSE LAB 05 | | | | | | | |
|  | | | | | | | | | | | | | |
| Signature of Faculty: Date: | | | | | | | | | | | | | |

|  |
| --- |
| Signature of Head of CSE Dept. Date: |

\*Complete this form and submit this at the CSE department office (Room# 5001) to get access to the CSE Lab/CSE research lab and/or Center for Cognitive Skill Enhancement (CCSE or HEQEP-Lab) lab.

\*Please book one week prior to date.