

# RESERVATION FORM - CTAHR COMPUTER LAB (CCL)

**Title of Workshop or Class/UH Course #** \_\_\_\_\_

Today's Date \_\_\_\_\_

**Instructor Contact Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Dept. \_\_\_\_\_ Email \_\_\_\_\_

**Recurring Reservations (if not recurring, choose One-time Reservations):**

Period from \_\_\_\_\_ to \_\_\_\_\_

For the days that will recur each week, fill in their start and end times.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start time							
End time							

**One-time Reservations:**

Fill out the date, start and end time for each reservation day.

Date								
Start time								
End time								

I am reserving the lab for final exams with this form.

I need exclusive use of the lab.

\*If not, please have your participants/students use the computers towards the front of the room.

Number of anticipated Participants/Students \_\_\_\_\_

**Software required:**

If special software needs to be installed, we require that someone be present to test the software once we install it. Please fill out the tester's contact information below.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Unit/Title \_\_\_\_\_ Email \_\_\_\_\_  
(e.g. MBBE/Teaching Assistant)

**\*\*Proof of software license must be presented, along with the key and number of devices licensed.**

Date when special software can be uninstalled: \_\_\_\_\_

**Special Hardware:**

- Camera for Distance Education
- Audio Hookup for Instructor (wireless mic)
- Other: \_\_\_\_\_

**For CCL Personnel (do not fill out):**

Lab Access Code \_\_\_\_\_

Workstation Software Installed on: