

Charlotte Public Schools

Office of Media & Technology Services

Computer Lab Use Request

Date _____

Lab Requested: *(Circle lab desired)*

HS Media Center	HS 321	MS E110E	GA Lab	WE Lab
HS Career Prep Lab	HS 338	MS E106	PA 106	
HS Lab 409	HS 340	MS E110D	PA 107	
HS Lab 410	HS CAD	MS E117	WA Lab	

Date(s) Needed _____

Time(s) Needed _____

Course/Class Name _____

Class Instructor _____

Anticipated Attendance (number) _____

Software needed _____

Internet Access Required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Co-op Assistance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Contact Person scheduling this class/course _____

Phone _____

e-mail _____

Other/Comments:

LAB USE AUTHORIZED FOR DATES AND TIMES ABOVE.

Director of Media and Technology Services

Date