Lab Booking Form  
CPH 1346 Multimedia Lab  
E2 1792 WEEF LAB  
**Engineering Undergraduate Studies Office**  
**E2 1772** **PHONE:** **519-888-4761  
INSTRUCTOR INFORMATION**

**Surname: First Name: Department:  
  
Email: Extension:**

**SCHEDULING INFORMATION and SUPPORT NEEDS**

**Lab required: CPH 1346 MM lab 🞏 E2 1792 WEEF lab 🞏 Date and Time requested:**

**Year: Fall (Sep-Dec) 🞏 Winter (Jan-Apr) 🞏 Spring (May-Aug) 🞏**

**Course and reason for usage of lab:**

**Name of person responsible for opening/closing the lab:**

**Need for AV Support from Engineering Computing: WEEF-Martin MacLeod 🞏 MMLAB-Dave Walsh 🞏**

**FACILITY PROVISIONS**

### **✓ Projectors ✓ Document Camera ✓ Laptop Support**

**✓ Instructor’s Computer (Podium) ✓ Printing 🞏 Software Requirements\***

**🞏 Internet Access Control 🞏 Nexus Guest Accounts**

**\***Software may change from term to term and at times older applications may be removed. Please make sure that all required software will be available for the next term. Any additional software may be purchased by the requester. There is no guarantee that the application will install or work properly on the network until a copy has been installed and tested. Installation requests should be submitted no later than eight weeks in advance before it is required. All software must be fully licensed.

**ACKNOWLEDGEMENT AND APPROVAL**

I agree to be responsible for the dates indicated above. I understand that the borrower should be present during the entire time of the booking to supervise the activity. I will ensure that the lab is secure and locked, the equipment turned off, and all students have vacated the room at the end of the class. I agree to return the key to the Engineering UG Office as soon as possible if I have signed it out for an after-hours class. **NO FOOD OR DRINK IN THE LABS.**

**Instructor’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval by the   
Eng UG Office**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print this form, fill and send to: Scheduling Specialist and First-Year Assistant, Eng. UG Office, E2 1772**