

	<p style="text-align: center;">La Salle University La Salle St., Aguada, Ozamiz City <b>COLLEGE OF COMPUTER STUDIES</b></p>	Document No:	
		Issue No.: 01	Revision No.: 00
	<p style="text-align: center;">Document Title <b>BOOKING FORM FOR COMPUTER LABORATORY</b></p>	Effective Date: October 21, 2016	
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Name of Teacher : \_\_\_\_\_

College/Department : \_\_\_\_\_

No. of Students : \_\_\_\_\_

Purpose : \_\_\_\_\_

Date of Use : \_\_\_\_\_

Time of Use : \_\_\_\_\_

Subject : \_\_\_\_\_

**Requested by**

\_\_\_\_\_  
Name of Teacher and Signature

\_\_\_\_\_  
Date

**Noted:**

\_\_\_\_\_  
Program Head/Dean

**Booked by**

\_\_\_\_\_  
Secretary, CCS

**CC: CCS Office**  
**Computer Technician**  
**Requesting Party**