

COMPUTER LAB REQUEST FORM

MERCY COLLEGE OF OHIO LIBRARY – TOLEDO CAMPUS

INSTRUCTOR'S NAME: _____

COURSE NAME/NUMBER: _____

DATE(S) NEEDED: _____ S M T W R F S _____
(Days) (Time)

Semester: *Please circle:* Fall Spring Summer Year: _____

What application will you be using? *Please be specific, i.e., Internet, EJournal, ATI, CD-ROM, etc.* _____

Number of Students: _____

Will other students be able to use the lab during the class? Please circle: YES NO

What additional equipment will you need?

Headphones _____ LCD Projector _____ Other _____

Will you need assistance during your class? *Please circle:* Librarian Technical

LIBRARY USE ONLY

Date Entered: _____

By: _____

Librarian/Technical Notified? _____

Additional comments:

