Open Computer Labs Reservation Request

3M Resource & Mentoring Center
Library 1st Floor Ext: 5064
OPEN LAB 205 Science Building Ext: 7445
OPEN LAB 402A Xavier South Ext: 5202
OPEN LAB MAC St. Joseph Hall Ext: 7236

Please return the completed form to the Resource and Mentoring Center via: Email: Jhorne@xula.edu or Fax (504) 520-7957.

Name of Program: _____________________ Name of Program Director: _____________________

Department Responsible for Program: ____________________________________________

Number of Participants: ________ Age Range: ________ to ________ *

Duration of Program: ________ Beginning Date: ________ Ending Date: ________

If daily use is not required for the duration of the program, Please specify needed dates: ______

Printing Privileges Needed: Yes _____ No _____ (If yes, Department will billed upon program completion.)

*Please Note: Department Monitors must accompany Groups with individuals under the age of 16

Preferred Lab Time (1st Choice): ____________________

Preferred Lab Time (2nd Choice): ____________________

Lab Preference:   RMC _____ Lab 205 _____ Lab 402A _____ Mac _______