**Kennedy-King College Library**

**CLASSROOM (X-107) USE ONLY REQUEST**

**Please return your completed form to the Library Reference desk or email it to sowen2@ccc.edu. If you have questions or concerns, they can be directed to Stephanie Owen x5453**

 **LIBRARY COMPUTER LAB REQUEST FORM**

**Instructor Information:**

Name: Department:

ccc email: ccc extension:

Alternative email: Alternative phone:

**Course Information:**

Course Name: Number of Students:

Course #: With Special needs:

**Scheduling Information:**

**Preferred**

Date:

Time:

**Scheduling Information:**

**Lab Request 1**

Date:

Time:

**Lab Request 2**

Date:

Time:

**Lab Request 3**

Date:

Time:

**Lab Request 4**

Date:

Time:

**Yes No** Is a Librarian needed for assistance?

**(If additional times are needed, please provide this information when submitting your form/dropping it off in the library)**

Please provide a description of why the library computer lab is needed (complete research assignments, use additional resources in the library, etc.) and what specific assignments students will be accomplishing during that time.