MITC FORM 3 LABORATORY RESERVATION FORM
Revised October 28, 2014

Aquinas University of Legazpi
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Media Information and Technology Center
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Laboratory: ( ) A ( ) B ( ) C ( ) D
Internet Laboratory: ( )
Mass Comm Lab: ( )
Requesting Department: ______________________
Date of Request: ______________________
Date Needed: ______________________
Inclusive Time: ______________________
Activity: ______________________

Laboratory is Available: ( )
Laboratory is not Available: ( )

Assigned to: ______________________

Supervisor of activity: ______________________
Prepared by: ______________________

Approved: ______________________
(Pls print name and sign) Director

Noted: ______________________
Date: ______________________

Head of Department

Space below to be filled by MITC personnel

Please note The Supervisor must be present during the entire duration of the activity. Absence will mean...