

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2 LIMITED-DURATION PROJECT(S)

FOR ONE-TIME PROJECT(S)

A COURSE/SEC.	B RANK WK			C SPECIFY PREFERRED DAYS & DATES					D START	D END	E HRS
	1st	2	3	M	T	W	R	F			
	MM/DD	MM/DD	MM/DD								
<i>EXAMPLE 101-01</i>	3	4	2						9:30	10:30	3

NOTES:

TOTAL # OF HOURS REQUESTED:

3

REGULAR WEEKLY LAB TIME

YOU MAY BE COORDINATING YOUR ASSIGNED TIME WITH ANOTHER INSTRUCTOR

A CLASS SECTION	B PLEASE RANK					C START TIME END TIME	
	M	T	W	R	F		
<i>EXAMPLE 101-01</i>		1		2	3	9:30	10:30

D Ideally, I'd like to use the lab 1) ___every week ___every-other week / 2) beginning _____

LAB REQUESTS CAN BE EMAILED OR SUBMITTED TO ONE OF THE FOLLOWING TWO LOCATIONS:
DIVISION OFFICE (GEORGE'S BOX IN L11), AT305/307 (GIVE DIRECTLY TO LAB STAFF)