

Date:

Application to Use the Information and Media Center Facilities

To: Director of the Information and Media Center

I hereby apply for permission to use the IMC facilities.

Department	Job Title	Applicant
		Seal
Contact information	e-mail	Extension:
Desired Date and Time of Use	MM DD YY () : ~ : MM DD YY () : ~ : MM DD YY () : ~ :	
Purpose of Use (Please specify.)		
Type of Rooms Check appropriate box(es).	<input type="radio"/> Terminal Room 1 <input type="radio"/> Terminal Room 2 <input type="radio"/> Multimedia Classroo <input type="radio"/> Computer Simulation Terminal Room <input type="radio"/> Specialist Training Room <input type="radio"/> TV Conference Room <input type="radio"/> Meeting Room (2F) <input type="radio"/> Other ()	
Equipment to Be Used (Please specify)		

(H24.3) Note: Please write your desired time of use in 24-hour format.