



**Information Technology Center  
University of Peradeniya  
Reservation of Computer Laboratories**

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- Name : .....
- Department : .....
- Faculty : .....
- Contact Info. : .....
- Program : Undergraduate/Other (Specify.....)
- No of Participants : .....
- Total No of Hours : .....
- No of Days : .....
- Required Software : .....

Time slots needed: (Attach an extra sheet if the following space is not sufficient)

(Only weekdays 8.00 a.m to 4.00 p.m)

Date/Day	No of Workstation	From (AM/PM)	To (AM/PM)
		AM/PM	AM/PM
		AM/PM	AM/PM
		AM/PM	AM/PM
		AM/PM	AM/PM
		AM/PM	AM/PM

**Following conditions are applied for the IT Center lab reservation.**

1. Reservation can be done only through an Academic staff member.
2. Payment should be made according to the IT Center approved rates for non-undergraduate courses.
3. Laptops are not allowed to use inside the computer labs.
4. If the required software is not presently available in the computers, the requester or nominee has to install it for the required number of computers.

**I agree to follow the above conditions.**

Date : ..... (Signature)

**Contact Info**

Person in charge of lab session : ..... E-mail : .....

University Extension : ..... Mobile: .....

**Recommended and forwarded**

.....  
Signature  
Head of the Department/Unit

.....  
Date

.....  
Signature  
Dean of the Faculty/Director

.....  
Date

***To reserve labs all information requested above is important. This form should reach us before 7 Working days of the first day of reservation.***