



Department of Computer Science

Equipment Request Form

CSLab

To be Completed by CS Student/Staff :

Name : _____ Date : _____

CityU ID : _____ Contact Tel No : _____

Department : _____ * Full-Time / Part-Time * MSC / BSC / BScCM / MSEC
* Please delete as appropriate

Project/Event/Course : _____

Equipment : _____

Software : _____ Hardware : _____

To be Endorsed by Supervisor / Academic Advisor :

N.B. Supervisor please provides justification for the purchase of mobile devices. The devices will be kept at CSLab and shared by all users

Justification by supervisor : _____

Supervisor's Name : _____ Signature : _____ Date : _____

To be Completed by Lab Staff :

Remarks : _____ Date : _____

Project PC No : _____ Locker No : _____

Lab Staff's Name : _____ Signature : _____