

Department of Computer Science

CSLab Terminal Room Registration Form

To be completed by applican	t Da	te:
Course Lecturer:	Tut	ors:
Department:	Tel	/ Ext:
Signature of Applicant:		
Course Details		
Programme Code * : BSCCS /	BScCM /MSCS /MSEC2 / PG	CINSE / others
Year *: 1/2/3/4		
Semester * : Semester A / B / S	Summer Term	
Mode * : FT / PTE / others		
Course Code:		
Course Title:		
		No. of Students per Group:
Teaching Pattern:	hours per session,	sessions per week
Booking Period (weeks) * : A	.ll / Odd / Even / 1 / 2 / 3 / 4 / 5	5/6/7/8/9/10/11/12/13
Requirements		
Computer Platform *: Win 7/	Linux / None / others	
		ers
Others:		
Hardware :		
AV equipment * : Visualizer /		
Prefered Room * : MMW1411	/ MMW2410 / MMW2450 /	MMW2462 / MMW2478
Special requirements:		
* Please circle the required information	rmation	
• Rooms information: MMW1411	i7 with Win 10	x 30
MMW2410	0 i7 with Win 10	x 32
MMW2450	i7-Notebook with W	7in 10 x 60
MMW2462	i7 with Win 10	x 31
MMW2478	iMac	x 32
To be completed by CS Lab	Staff	
Received by:		Date:
Approved by (for non-UGC co	ourses):	
Remarks:		