Application for additional equipment in Lecture Theatre

Name of applicant: _____________________________________________________________________________

Contact no : ___________________ Fax : _______________ e-mail : ___________________________________

Department : ____________________________________________________________________________________

If used for teaching purposes, please indicate Module Code: _________________________________________

If not for teaching purposes, please indicate:
Title of Function /Seminar/Talk : _________________________________________________________

Name of Speaker(s) : ___________________________________________________________________

To be held in Lecture Theatre : _________________________ Date: _______________ Time: _______________

Note:
1. it would be much appreciated if the form can be forwarded to FAS, Technical Support Division one week in advance.
2. please allow at least 2 hours in advance of the function for preparation and 2 hours after the function for clearing purposes.

Preparation : Date_______________Time ____________ Clearance: Date____________ Time ___________

<table>
<thead>
<tr>
<th>S/N</th>
<th>Equipment</th>
<th>Qty available</th>
<th>Qty required</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Microphone with table stand</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Microphone with floor stand</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others:</td>
<td>Subject to availability of equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOR OFFICIAL USE ONLY

Your application is / is not approved

Officer-in-charge : ______________________  Signature : ___________________ Date : ___________________

(Name)

Remarks : _______________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________