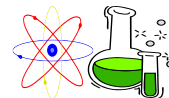




SCIENCE LABORATORY FACILITIES (ROOM RESERVATION FORM)



CAMPUS: Manila Rizal GS JHS SHS CAS COM CON

Person requesting: Teacher Student Others Specify office _____

Name _____ Date Filed _____

Date/s needed _____ Subject _____

Room to be reserved:

- Biology Lab Chemistry Lab Physics Lab Integrated Science Lab GS
 Microbiology lab Research Lab Lecture Room General Science Lab

| Time | Yr/Sec | Title of Activity |
|------|--------|-------------------|
| | | |
| | | |
| | | |
| | | |

Type of Activity:

- Computer Assisted Experiment Experiment by Group Lecture/Discussion
 Teacher Videotaping / Demo Individual Experiment Others, pls. specify _____

Approved: _____
Laboratory Head / Technician

**STEWARDSHIP:
RESPONSIBLE USE OF SCIENCE LABORATORY FACILITIES**