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Institute of Arts and Sciences
Department of Communication
APPLICATION FOR USE OF MULTI-MEDIA/ MULTI-PURPOSE ROOM
& EQUIPMENT



DATE: _____

Please check :

<input type="checkbox"/>	DLP/ OHP/ TV	<input type="checkbox"/>	Camera	<input type="checkbox"/>	Lights
<input type="checkbox"/>	Laptop/ DVD Player	<input type="checkbox"/>	Microphone/ Lapel	<input type="checkbox"/>	Other (Pls. Specify) _____
<input type="checkbox"/>	Karaoke/ Sound System	<input type="checkbox"/>	Tripod/ Mic Stand	<input type="checkbox"/>	Room ONLY

DATE	DAY	SUBJECT & SECTION/ NAME OF ORGANIZATION	TIME		BLDG. & ROOM
			FROM	TO	

PURPOSES:

I agree with the general conditions, policies and guidelines for the use of University equipment and facilities cited on the reverse side thereof.

Name of Student/ Student Number
(Signature over Printed Name)

Name of Faculty/Adviser
(Signature over Printed Name)

APPROVED:

Program Head, Dept. of Communication

CC: Applicant
Dept. of Communication



FEU – Institute of Arts and Sciences
Department of Communication



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