



Teaching Studio Booking/Cancellation Form

This form MUST reach the CSC 4 WORKING DAYS before the day the teaching studio is used.

Tick as appropriate

Section I (To be completed by user)

Booking of teaching studio

Cancellation of the booking of teaching studio

Staff Name: _____ Tel/Ext: _____

Staff EID: _____ Department: _____

Purpose: Teaching Course Code:

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Research Description: _____

Others, please specify _____

UGC funded activity Yes No

No. of Workstation required: _____ Teaching Studio Preferred: _____

Booking Period: From: ____ / ____ / ____ Week (____) To: ____ / ____ / ____ Week (____)
yy mm dd yy mm dd

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
09:00-09:50							
10:00-10:50							
11:00-11:50							
12:00-12:50							
13:00-13:50							
14:00-14:50							
15:00-15:50							
16:00-16:50							
17:00-17:50							
18:00-18:50							
19:00-19:50							
20:00-20:50							
21:00-21:50							
22:00-22:50							

Signature & Department Chop: _____ Date: _____

- Note:
1. Acknowledgement will be sent to the user after the booking request is confirmed.
 2. Besides using this form, users can use the Teaching Studio Booking System (an on-line booking system) to check the booking status and to submit booking request.
 3. Any cancellation of booking should reach the CSC Service Counter as soon as possible by submitting this form.

Section II (To be completed by the CSC)

Remark: _____

Authorised by: _____ Completed by: _____ Date: _____