



* For Office Use
Application: _____

**VENUE BOOKING (FOR CLASSROOM / LAB USAGE)
APPLICATION FORM**

INSTRUCTIONS

1 Please fill up the form completely using capital letter.

NAME _____
(Capital Letter)

DEPARTMENT / UNIT _____

EMAIL _____

H/P NO. _____

Reason for BOOKING : (Please tick ✓) :

- University Event
- Class Activities
- Students' Activities
- Club Activities

Others (Please specify) :

Booking details

Date : _____
No. of Pax : _____
Time : _____
Venue : _____

**Application only eligible for ONE (1) booking only.*

A DEPARTMENT / UNIT	B APPROVED BY: <i>(immediate supervisor)</i>
<p>I, hereby, confirmed on the replacement request :</p> <p>_____ Signature & Stamp</p> <p>_____ Name of Applicant:</p> <p>Date ___ / ___ / ___</p>	 <p>_____ Signature & Stamp</p> <p>_____ Name of Head of Department</p> <p>Date ___ / ___ / ___</p>

ACADEMIC ADMINISTRATION DEPARTMENT

Semester : Feb____ May/June____ Sept____ Others _____ (e.g: April 2014)

Received by:

Signature & Stamp

_____/_____/_____

Date

IMPORTANT GUIDELINES

- *Requestor is required to submit new application for further venue booking subject to approved of the Head of Department.*
- *Completed application and supporting document (if any) must be submitted to Academic Administration Department and Only completed application will be processed.*
- *The application must reach Academic Administration Department within TWO (2) working days.*