

CoBA Classroom Computer Access Request Form

Date: _____ Semester: Fall Spring Summer (circle)

Name: _____

Department: _____

Phone: _____

UTEP Email address: _____

Class Name: _____

Days of the week: _____

Time: _____

CoBA Room Number: _____

Activated: _____ BY: _____

De-Activated: _____ BY: _____