University of Cebu
College of Information Technology and Computer Science
Cebu City

LABORATORY SIT-IN FORM

ID Number: _______________________________
Name: _______________________________
Year: _______________________________

Designation:  ☐ Faculty  ☐ Student  ☐ Staff
Semester: _______________________________

Laboratory: _______________________________
Date: _______________________________

Purpose:
☐ Internet
☐ Laboratory Activities
Time In: __________ Time Out: __________

☐ Review
☐ Others ____________________________

Requested by: ____________________________
Noted by: ____________________________

(Signature over printed name)  
(Teacher’s Signature over printed name)

Approved: ____________________________

__________________________
Lab Supervisor

Approved:

Melvin M. Niñal, MSIT
Dean