

# ROOM REQUEST FORM

PLEASE NOTE THAT ALL ROOM REQUESTS MUST BE RECEIVED BY THE ADMISSIONS OFFICE AT LEAST 48 HOURS IN ADVANCE.

1. TODAY'S DATE: \_\_\_\_\_
2. The Department/Office of \_\_\_\_\_ requests the use of Room # \_\_\_\_\_, for \_\_\_\_\_, for \_\_\_\_\_  
(# of people) (# of days)
3. Dates needed: Beginning on \_\_\_\_\_ Ending on \_\_\_\_\_
4. Days of the week: **M T W R F Sa Su**  
(Circle choice)
5. Time needed: Beginning at \_\_\_\_\_ (AM/PM) Ending at \_\_\_\_\_ (AM/PM)
6. Instructor/Speaker: \_\_\_\_\_
7. Individual making request: \_\_\_\_\_
8. Phone/extension **and** email address (**ROOM CONFIRMATIONS WILL BE SENT VIA EMAIL**):  
\_\_\_\_\_  
\_\_\_\_\_
9. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----  
**(FOR OFFICE USE ONLY)**

Room(s) assigned: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Scheduling Coordinator

\_\_\_\_\_  
Date