Classroom Reservation Request
By Student Organizations

Contact Information

Student Organization: ____________________________________________
Reservation Requested by: _____________________________________
Requestor’s Phone Number: ________________________ E-mail: ____________

Event Information

Nature of Event: ________________________________________________
Day(s) of Event: ________________________ Date(s) of Event: ____________
Time: From__________________ To___________________________
Room Preference: ____________ _____________ Number of People: ____________

Conditions for Use

- The use of the classrooms is at the discretion of the Registrar’s Office and the approval of the organization’s advisor or sponsor.
- Destruction or removal of University property will be cause for disciplinary action.
- No smoking, eating, or drinking will be allowed in any classroom or lecture hall.
- No open flame will be permitted in any classroom or lecture hall.
- Classrooms will be vacated by 10:30 p.m.
- Furniture may not be removed from any room.
- **All rooms must be returned to their original state when finished with use.**
- Form must be presented in person to the Registrar’s Office to be processed.
- Please verify with Public Safety that your room will be opened at the requested time. (X2104)

Signatures

I agree to all of the above policies and conditions and agree to assume any liability for damage to University Property as a result of my organization using the facilities.

_________________________________________ Date Requested _______________________
Student Requestor Signature Net ID

_________________________________________ Advisor Name _________________________
Faculty/Staff Advisor Signature Campus Phone

_________________________________________ Date Approved ________________________
Office of Registrar Signature Room(s) Assigned