Note: Only students that are on the Registered Student Organization (RSO) list with Student Involvement and Activities are authorized to request academic rooms.

Today's Date: __________________

Organization: ________________________ Number expected to attend: ________________

Nature of Function: ____________________ Building or room preference: ________________

1) Date Requested: ________________ Start Time: _______ End Time: _______
   (Specify a.m. or p.m.)

2) Date Requested: ________________ Start Time: _______ End Time: _______
   (Specify a.m. or p.m.)

3) Date Requested: ________________ Start Time: _______ End Time: _______
   (Specify a.m. or p.m.)

Name of Applicant: _______________________________________________________

E-mail: ________________________________________________________________

Phone: (______) _________________________________________________________

Signature of Applicant: __________________________________________________

Please allow 48 hours for requests to be processed. Confirmations will be sent directly to the e-mail address provided. All requests for Thursday, Friday, Saturday or Sunday use must be received before Wednesday at 12:00 p.m. of the same week.

Office Use Only:

Date Processed: __________________

Room Assigned: __________________

Processors Initials: __________________