INTERDEPARTMENTAL ROOM RESERVATION

Name of Department/Organization: ___________________________________________________

Type of Event: ____________________________________________ Anticipate Attendance: ________

Building: Engineering Complex Room(s) Requested: __________________________

Date of Event: _______/_____/_________ Day of the Week: M T W R F
(M/D/Y) (Please Circle)

Date of Event: _______/_____/_________ Day of the Week: M T W R F
(M/D/Y) (Please Circle)

Time of Event: _______ am/pm thru _______ am/pm

Name of person responsible for event: _________________________________________________
(Please Print)

Name of Organization Advisor: ______________________________________________________
(Please Print)

Faculty/Advisor Signature ___________________ Date ____________ Phone Number ____________

FOR OFFICE USE ONLY-

RECEIVED BY: ______________________________________ DATE: __________________________

APPROVED BY: _____________________________________ DATE: __________________________

Please fill out with faculty/advisor signature and take to the Dean’s Office for reservation. Copy of confirmed reservation will be returned to the appropriate department.