

REQUEST FOR CLASSROOM ASSIGNMENT ASSISTANCE

DATE: _____

ROOM ASSISTANCE FOR: _____
(Course # or Meeting)

DATE (S)	TIME (S)	AVAILABLE ROOMS	DEPT COORD INITIAL/DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CAPACITY: _____

TYPE OF ROOM: (CIRCLE) GEN SPEC LAB AUD MTG

*IF SCHEDULING THE AUDITORIUM, WILL A GENERAL OFFICER BE IN ATTENDANCE? YES _____ NO _____ IF SO, WHO _____

MEDIA REQUIREMENTS: (EXPLAIN BRIEFLY)

FOR SPECIAL REQUIREMENTS, COORDINATE WITH CLASSROOM SUPPORT, ROOM 1514, BLDG 2841, 221-8788.

FURNITURE: (CIRCLE) ARM CHAIRS TABLES NO SPEC RQMNT

POC: NAME _____

DEPARTMENT _____

PHONE & FAX # _____