Classroom Reservation Request Form

This form is used to request classrooms for meetings. In order to provide good service and ensure scheduling accuracy, please keep in mind there could be up to a one-week time frame. Confirmation will be sent via email.

Requestor Information:

First Name: Click here to enter text.   Last Name: Click here to enter text.   Telephone/Ext.: Click here to enter text.

Manor Email Address: Click here to enter text.

Department/Division: Click here to enter text.

Reservation Information:

Day(s):   Monday☐ Tuesday☐ Wednesday☐ Thursday☐ Friday☐ Saturday☐

Date(s):   Click here to enter text.

Start Time: Click here to enter text.   End Time: Click here to enter text.

(Note: Include set-up & breakdown times/days if needed)

How many seats will be needed: Click here to enter text.

Purpose for Room Request: Click here to enter text.

Duration/Frequency: One Time Use Only☐   Weekly☐   Bi-Weekly☐   Monthly☐

Room Type: Lecture Room or Computer Lab   Click here to enter text.

A confirmation email will be sent with the room number(s) that have been reserved.

_____

Registrar's Office use only:

_____   _____   _____   _____

date received stamp   date confirmed / initials   date scanned / initials   date attached / initials