

Request a Room-TEST

Description

	nme* First	Last
Email*		
Student ID		
Requests fror	n students will not be processed wi	thout 8-digit UR-ID number!
Event Type		
	e & description are optional, but wil nedules or on the web (if applicable	I help determine how your information will appear between the second se second second sec
on posteu sci	ieddies of on the web (if applicable). Here are some examples.
	Correct	Incorrect
	Joe Student's Lecture Recital	Recital
	Theory Department Meeting	Meeting
	Student Association Fundraiser	Fundraiser
Event Title		
Event Descrip	otion	
End Date (if d	MM slash DD slash	
Beginning Tin : Hours	ne	
Minutes		
Winteres	AM/PM	
Ending Time* : Hours Minutes		
Minutes	AM/PM	
Approx how i	many people will attend? (Enter Nu	mber Only)*
Grand piano r		
∘		
○ ○ Yes ○ ○ No Room Prefere	ance	



Comments or other information that will help us find a room suited to your needs.

• I understand that if approved, my event may appear on posted schedules and/or on the web where it can be viewed by anyone.

Submit

Date 2024/05/16