

## Room Request Form / College of Science

Please submit this form to Ann Gottorff in Room 08-1130, and allow a 24 hour turn-around time for notification of your room confirmation.

Dept./Name \_\_\_\_\_

Email Address: \_\_\_\_\_

Room Preference: \_\_\_\_\_

Room will be used for: (please check one)

CLASSROOM

REVIEW

EXAM

OTHER

Date needed: \_\_\_\_\_

Day of week: \_\_\_\_\_

Time: \_\_\_\_\_

Number of seats needed: \_\_\_\_\_

Additional Information: