

Student Event Request/Room Reservation Form

Name of Student:

E-mail Address:

Date Request Submitted:

Name of Group/Association/Organization:

of Attendees Expected:

Specific Room Requested: First Choice _____ Second Choice _____ (Example: COM 101, 104, etc.)

Date of the meeting or event:

Start time AND end time of the meeting or event:

Brief event description:

Will there be any outside attendees not associated with the College of Medicine?

Does this event include food?

If yes, who is the food vendor?

Do you have any special needs?

- Access to the building after hours
- Assistance setting up a presentation, microphone, etc.
- Parking passes
- Tables If checked, how many tables? _____
- Other (Please explain)

For Office Use Only:

Approved Denied

Date: _____