CLASSROOM REQUEST FORM
Office of the Registrar
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Requestor's Name: ________________________________  Today's Date: ________________

Department/Office/Organization: ____________________________________________

Name of Event: ____________________________________________________________

Include on Public EMS Calendar?  Yes ☐  No ☐

Phone: __________________________  Email: ________________________________

*You will receive a confirmation email at this address

Date(s) of Event: ____________________________________________________________

Start Time: __________________________  End Time: __________________________

Specific Room Requested: ________________________________________________

Please complete the following even if requesting a specific room:

Type of Room Requested (lecture, seminar, etc.): __________________________

Capacity (attendance): __________________________________________________

Type of Equipment or Facilities Needed (blackboard, computer, VCR, etc.):

Room: ______________  Conf #: ______________  Date: ______________  Staff: ______________