

Application for Classroom Reservation

Name: _____ Program Enrolled: _____

Room #: _____

Duration of Room Reservation (MM/DD/YYYY-MM/DD/YYYY):

Purpose of Room Reservation:

By signing below, I state that the above information is true and agree to be liable to all responsibility and consequences related to room reservation policies:

Signature of Student

Date

For Office Use Only:

Signature for Application Acceptance by Office Staff

Date

Signature of Administrative Approval for Room Reservation

Date