

Department of Pharmaceutical & Biomedical Sciences Room Request Form

Name of Person Requesting Room Reservation: _____

Contact phone number and email: _____

Reason for room use (be specific): _____

If this is a Preliminary Exam or Final Defense we need your title:

Date Room Needed: _____

Time (begin and end): _____

1st Preference Room Number: _____

2nd Preference Room Number: _____

3rd Preference Room Number: _____

Is this a repeating event? Yes ____ No ____

 If yes, when does the event repeat? _____

 When does it end? _____

Date Received _____ By _____ Input Date _____ By _____
