



This form is due to the Office of Student Life one month prior to the event date.

Student Organization Meeting Room Request Form

Requesting Organization: _____

Student Contact: _____

Contact Phone #: _____ Contact Email: _____

What day of the week will your student organization hold their regularly scheduled meetings:

Monday Tuesday Wednesday Thursday Friday

Frequency of the meetings: Weekly Bi-Weekly Monthly

Time of the meetings: Beginning Time: _____ End Time: _____

List of dates the club will meet for the semester:

Requested Location: _____ Expected Attendees: _____

Room Setup: _____

Technology/IT Requests: _____

Special Requests/Needs: _____

The signatures of the organizations president and advisor below affirm the information is accurate and that all college policies will be followed.

President Approval: _____ Date: _____

Advisor Approval: _____ Date: _____

Office of Student Life Use Only

Received by: _____ Date Received: _____

Processed by: _____ Date Processed: _____

Room Reserved: _____ Date Club Notified: _____