

ROOM REQUEST FORM

Name _____

Date Needed _____

Time—From _____ to _____

Room Capacity _____

Room Pref(s) _____

Media Enhanced Room? Y N *(circle one)*

(For access key, see <http://www.itc.iastate.edu/classrms/key.html>)

✓ Purpose:

_____ Exam Course/Section _____

_____ SAAR Exam Course/Section _____

Indicate accommodation in Special Instructions

_____ Makeup Exam Course/Section _____

_____ Makeup Class Course/Section _____

_____ Review Session Course/Section _____

_____ Seminar Name _____

_____ Meeting Name _____

_____ Final Defense/Prelim *(Give request to Grad Sec)*

_____ Other _____

Special Instructions: _____

Office Staff Use:

Contacted Room Scheduling _____

Room No. _____

Date Informed Requestor _____

_____ *Weekly Reader*

_____ *Extended Calendar*