

ROOM PERMISSION FORM

BLDG:_____ ROOM:_____

APPROVE_____ REJECT_____

TERM_____ YEAR_____

PREFIX, COURSE, SECTION	BEGIN TIME	END TIME	DAYS (Circle)					
			M	T	W	R	F	S
			M	T	W	R	F	S
			M	T	W	R	F	S
			M	T	W	R	F	S
			M	T	W	R	F	S
			M	T	W	R	F	S
			M	T	W	R	F	S
			M	T	W	R	F	S
			M	T	W	R	F	S

Signature of Requesting Dept Chair/College Dean:_____ Date _____

Print Name_____ Department _____

Signature of Priority Dept Chair/College Dean:_____ Date: _____

Print Name_____ Department _____

If Approved: Check appropriate box above, obtain required signatures. Priority Department keep pink copy—Send yellow copy to Requesting Department and white copy to the Facilities Management Coordinator, Academic Systems, 400 N. McKinley.

If Rejected: Check appropriate box and Priority Department sends all copies back to Requesting Department.