

ENROLLMENT SERVICES/ACADEMIC SUPPORT

Special Facility Request

Forward all requests to Academic Support, BH-123; or FAX ext. 57003.

OFFICE USE ONLY

Allow at least 48 hours from receipt of the request in Academic Support and up to five days during peak scheduling periods (the first two weeks of the semester). Confirmations will be made to the office location and telephone number listed below. All requests are processed on a first come/first served basis. Faculty and staff who request rooms assume full responsibility for the scheduled activity and must abide by university policies regarding the use of facilities. **Student Groups must make facility requests through the Student Union Scheduling Office.**

Today's Date _____ Description of Activity: _____

Department _____ Office Location _____ Extension _____ Requested by _____

Will participants in this event include non-CSULB students, faculty, or staff? Yes No If Yes, how many? _____

Will a fee be charged to attend this event? Yes No

Date(s) of Event	Day(s) of Week	Time(s) Requested	# of People	Room
_____	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> U	Beginning _____ Ending _____	_____	OFFICE USE ONLY -
_____	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> U	Beginning _____ Ending _____	_____	-
_____	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> U	Beginning _____ Ending _____	_____	-
_____	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> U	Beginning _____ Ending _____	_____	-

Campus Location Preference: Upper Lower Either

Building and Room Preferences: _____
1st Choice 2nd Choice 3rd Choice

Special Room Needs: TV/VCR (TVC) Overhead (OVR) Screen (SCR) Slide/Movie Projector (AVS)
 Data Video Projector (DVP) Smart Room (SMT) Desks (DSK) Tables/Chairs (TBC)
 White Board (WB) Chalk Board (CB) Other _____

Additional Information: _____

OFFICE USE ONLY

Confirmed by: _____
Initials/Date Mail _____ Initials/Date Phone _____ Initials/Date Waiting for response _____ Initials/Date

Comments: _____

