

## Room Request Form

## **Description**

? Form Guidelines

## This form is for Faculty, Staff and TA's booking instructional or meeting space.

If you are a student requesting rehearsal space, please use the Virtual EMS (V-EMS) webpage: Virtual EMS Link

	First	Last	
• Email*			
Student ID			
•	s will not be processed withou	t 8-digit UR-ID number!	
Event Type			
•		determine how your information wi	ll appea
on posted schedules or	r on the web (if applicable). He	ere are some examples:	
Correc	:t	Incorrect	
	udent's Lecture Recital	Recital	
Theory	Department Meeting	Meeting	
	t Association Fundraiser	Fundraiser	
Event Title			
Event Description			
- Freur Describuon			
Lvent Description			
Lvent Description			
·			
Date of Event*			
Date of Event*	MM slash DD slash YY	ΥΥ	
·	MM slash DD slash YY`	ΥΥ	
Date of Event*	MM slash DD slash YY` MM slash DD slash YY`		
Date of Event* End Date (if different) Beginning Time*			
Date of Event*  End Date (if different)  Beginning Time*  : Hours			
Date of Event* End Date (if different) Beginning Time*			
Date of Event* End Date (if different) Beginning Time* : Hours			
Date of Event*  End Date (if different)  Beginning Time*  : Hours	MM slash DD slash YY		



Minutes		
	AM/PM	
• Approx. how many people w	vill attend? (Enter Number Only)*	
<ul><li>Grand piano required?</li></ul>		
∘ O Yes		
∘ ○ No		
Room Preference		
Comments:	•	

Comments or other information that will help us find a room suited to your needs.

• I understand that if approved, my event may appear on posted schedules and/or on the web where it can be viewed by anyone.

Submit

? Form Guidelines

? Registrar Home

Date

2024/11/21