

CLASSROOM SPACE REQUEST FORM

LSU OFFICE OF THE UNIVERSITY REGISTRAR

112 Thomas Boyd Hall

Please submit this form to Ruby M. Brown rbrown9@lsu.edu or Patrick Newcomb pnewco1@lsu.edu

NAME OF ORGANIZATION: _____

Requestor's Contact Information:

Name: _____

Email address: _____

Phone number: _____

Faculty Advisor's name and email address: _____

Please follow the example as shown below to complete this form:

Building/Room Preference: 103 Coates Hall

Number of seats: 25

Day(s) of the week: Mondays, Tuesdays and Wednesdays

Beginning and End date: 10/6/2014 to 11/26/2014

Beginning and End time: 8pm to 9pm

Building/Room Preference: _____

Number of seats: _____

Day(s) of the week: _____

Beginning and End date: _____

Beginning and End time: _____

For Office Use Only:

Room Assigned:

Building/Room Preference: _____

Number of seats: _____

Day(s) of the week: _____

Beginning and End date: _____

Beginning and End time: _____

For Office Use Only:

Room Assigned: