

**PSYCHOLOGY & PHILOSOPHY DEPARTMENT
ROOM RESERVATION REQUEST FORM**

Please submit your request to the Psychology & Philosophy Department Office at least **one week in advance** of the event.

Date of event: _____ MO TU WE TH FR Time: _____ a.m./p.m.

Event: _____ Defense _____ Speaker

_____ Presentation _____ Research

_____ Meeting _____ Other: (specify) _____

Room preference: _____None or AB4 - _____ Alternate choice: AB4 _____

Number of people attending: _____

Powerpoint needed: YES NO

Overhead projector needed? YES NO

Other equipment needed? (please list) _____

Person requesting room: (print name) _____

Faculty _____ Masters Student _____ Doctoral Student _____

Phone number: _____ Email: _____

If student, print name of faculty sponsor: _____

- FOR OFFICE USE ONLY -

Date received in office: _____ Initials: _____

- FOR OFFICE USE ONLY -

Room: _____ reserved for _____ (MO TU WE TH FR) at _____ a.m./p.m.

Confirmed? Yes No Initials: _____ Date _____