Student Leadership Suite Office Reservation Request

This form must be submitted in order to reserve any and all uses of the Student Leadership Suite Office, William H. Scheide Student Center

Name of Organization  ______________________________________________________________________________

Name and Position of Requestor  ____________________________________________________________________

Date of Use  ____ /____ /________      Start Time  ____ : _________       End Time  ____ : _________

Description of Use
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Number of Persons Attending  _______________        Public or Private Attendance  _________________

Requestor Signature  ________________________________________________ Date  ________________

Office Use Only
Date Received ________  Approved  ______ Notification  ______ Updated Files  ______ Updated Calendar  ______

Final authorization  ____________________________________________ Date  ________________