Forman Christian College
University Scheduling Request Form
(Academic Room’s facility for other use)

The student must return this form to the Academic Office

Name of Event ____________________________________________

Date (If multiple dates are requested please list them all) ____________________________________________

Start Time ____________________________________________
End Time ____________________________________________

(Please list actual event times, suitable setup and take down time will be determined by Academic office)

Event Type
☐ Academic ☐ Meeting ☐ Movie ☐ Seminar ☐ Other ____________________________________________

Preferred Room (as per availability) ____________________________
Organizing Dept/ Society ____________________________________________

Contact Person /Number ____________________________________________

Event will be supervised by (Name of Faculty/Advisor) ____________________________________________

I understand that I am responsible for the facility I am assigned, and agree to return it to the condition in which I found it.

Applicant signature ____________________________________________ Date and Time ____________________________

Only fill this section if you want to do reservation for S-008.

Approval
Plant Operation Department(Cleaning, Furniture setup) ____________________________________________

Director Student’s Activities ____________________________________________

Academic Office ____________________________________________

Note:

1. Submit this form at least 2 week before the event. You will be notified of space availability within three businesses days
2. Room will be reserved on first come first serve basis.
3. Air conditioning and power backup will be available as per university policy.
4. For events requiring services beyond the assignment of space (e.g. security, media services etc) it is the responsibility of the requestor to connect with the appropriate event support department to secure the provision of service.