



**FORMAN CHRISTIAN COLLEGE**  
(A CHARTERED UNIVERSITY)

### Classroom Scheduling Request Form

Student Name: \_\_\_\_\_ Roll No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Supervisor Name of Faculty/Advisor: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date (If multiple dates are requested please list them all): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

(Please list actual event times that should include suitable set up and pack up time, no extra time will be allowed.)

Event Type:  Seminar  Movie  Meeting  Academic  Other: \_\_\_\_\_

Requested Room(s): \_\_\_\_\_ Organizing Dept./Society: \_\_\_\_\_

*I understand that the assigned facility is my responsibility and agree to return it as per allocated condition.*

**Student Signature:** \_\_\_\_\_ **Faculty/Advisor Signature:** \_\_\_\_\_

**For official approvals:**

Plant Operation Department/ Building supervisor (Cleaning, Furniture setup): \_\_\_\_\_

Academic Services Office: \_\_\_\_\_ Dated: \_\_\_\_\_

Please note:

- Submit this form at least one week before the event. You will be notified of space availability within three business days.
- Room will be reserved on first come first serve basis.
- Air conditioning and power backup will be available as per University policy.
- For events requiring services beyond the assignment of space (e.g. security, media services etc) it is the responsibility of the requestor to contact with the appropriate Events Department to secure the provision of services.

**Disclaimer:**

*In case of any technical or related issues, you may shift the room by coordinating building supervisor/ASO.*

**This form must be returned to the Academic Services Office (ASO)**

Keep a copy for your own records