~CLAS EVENT & ROOM REQUEST FORM~

PLEASE NOTE THE FOLLOWING BEFORE SUBMITTING FORM:

- SUBMIT ALL REQUESTS AT SRB 3248 OR TO DHILLON VIA EMAIL AT bdhillon@ucsb.edu
- SUBMIT AT LEAST ONE WEEK IN ADVANCE.
- REQUESTS SUBMITTED WITH LESS THAN A WEEK NOTICE (ESPECIALLY IF THEY REQUIRE A ROOM) MAY NOT BE APPROVED.
- NEATNESS AND ACCURACY COUNT!
- REMEMBER: REQUESTS FOR ROOMS M-R BEFORE 5PM ARE NOT POSSIBLE!

TUTOR NAME: __________________________________________
(Please Print!)

COURSE: _____________________________________________
(include Professor)

EVENT TYPE:    □ Review Session (in-person)    □ Make-up Session (in-person)
(Check one)    □ Review Session (online)    □ Make-up Session (online)
    □ Other ________________________________

MAX # STUDENTS: _______________________________________

DATE:    Day: ___________    Date: ____________

TIME:    Start: ___________    End: ____________

OTHER COMMENTS: _____________________________________
(optional)

_________________________________________________________________

FOR OFFICE USE ONLY

DATE RECEIVED: ____________________    □ Online    □ Manual    □ Other ____________

EVENT APPROVED:    □ YES    □ NO    COMMENTS: ________________________________

ROOM ASSIGNED: ______________________________________