

~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: (Check one)	<input type="checkbox"/> Review Session (in-person) <input type="checkbox"/> Make-up Session (in-person) <input type="checkbox"/> Review Session (online) <input type="checkbox"/> Make-up Session (online) <input type="checkbox"/> Other _____
MAX # STUDENTS:	_____
DATE:	Day: _____ Date: _____
TIME:	Start: _____ End: _____
OTHER COMMENTS: (optional)	_____ _____



<u>FOR OFFICE USE ONLY</u>	
DATE RECEIVED:	_____ <input type="checkbox"/> Online <input type="checkbox"/> Manual <input type="checkbox"/> Other _____
EVENT APPROVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO COMMENTS: _____ _____
ROOM ASSIGNED:	_____