

~CLAS EVENT & ROOM REQUEST FORM~

PLEASE NOTE THE FOLLOWING BEFORE SUBMITTING FORM:

- **SUBMIT ALL REQUESTS AT SRB 3248 OR TO GEORGIA VIA EMAIL AT georgia.vantyne@gmail.com**
- **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)

- Review Session (in-person) Make-up Session (in-person)
 Review Session (online) Make-up Session (online)
 Other _____

MAX # STUDENTS: _____

DATE:

Day: _____ Date: _____

TIME:

Start: _____ End: _____

OTHER COMMENTS: _____

(optional)



CLAS
Campus Learning Assistance Services



FOR OFFICE USE ONLY

DATE RECEIVED: _____

Online Manual Other _____

EVENT APPROVED:

YES NO *COMMENTS:* _____

ROOM ASSIGNED: _____