~CLAS EVENT & ROOM REQUEST FORM~

PLEASE NOTE THE FOLLOWING BEFORE SUBMITTING FORM:

• SUBMIT ALL REQUESTS TO AMY AT SRB 3248 OR amyliest@ucsb.edu
• SUBMIT AT LEAST ONE FULL WEEK IN ADVANCE IF A ROOM IS REQUIRED FOR THE EVENT.
• REQUESTS SUBMITTED AFTER 3PM WILL NOT BE PROCESSED UNTIL THE FOLLOWING DAY.
• REQUESTS SUBMITTED WITH LESS THAN A WEEK NOTICE THAT REQUIRE A ROOM MAY NOT BE ACCEPTED.
• 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)
             □ Review Session (online) □ Make-up Session (online)
             □ Other ________________________________
(Check one)

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: ________________________________________________________