



ROOM RESERVATION REQUEST FORM

Contact:
MDC Academic Scheduling

REQUESTOR INFORMATION

Requestor Name: _____ Date of Request: _____
MDC Department: _____ Campus: _____
Requestor Email: _____ Contact Number: _____
Dept. Chairperson Name & Contact Number: _____

EVENT INFORMATION

Name of Event: _____
Nature of Event: _____ Department Sponsoring Event: _____
Expected head count: _____ Is this a repeating event: _____
If so, please select an option: _____
Day(s) of Event: _____
Event Start Date: _____ Event End Date: _____
Additional Dates: _____
Event Start Time: _____ Event End Time: _____
Room(s) Requested: Auditorium Lecture Room Computer Lab
Comments: _____

REQUIRED SIGNATURES

Requestor: _____ Date: _____

SCHEDULING OFFICE USE ONLY

Processor: _____ Date Received: _____ Date Processed: _____
Room(s) Assigned: _____