

# South Studios Room Reservation Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Building:  1  6

Room No: \_\_\_\_\_ Start date: \_\_\_\_\_

Length of use:  4 weeks  8 weeks  extended use\*

Please provide a brief description of the of the project for which you are using the room in the space below. We do not need information on the concept of the project, only it's physical parameters.

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\* projects that require the use of an installation space for longer than eight weeks must be approved by the Director of Art+Desgin Facilities. Provide a brief explanation of why additional time is necessary below:

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\* Faculty Sponsor: \_\_\_\_\_ Director of Facilities: \_\_\_\_\_

Turn this form into the staff in room 240 Art + Design Building.

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To be completed after review by Art + Design Facilities Staff.

Room \_\_\_\_\_ in building \_\_\_\_\_ is assigned to \_\_\_\_\_ from the \_\_\_\_\_ of \_\_\_\_\_ until the \_\_\_\_\_ of \_\_\_\_\_ .

x \_\_\_\_\_

*Failure to vacate the assigned room by the date set forth may result in late fines and the loss of Art+Design Facilities privileges.*