



**University of the Incarnate Word
Registrar's Office**

Academic Room Request Form

This form does NOT guarantee you a room. Please provide 24 hours notice.

Contact Person:	Phone Number:		
Organization:			
E-Mail Address:	Fax Number:		
Provide Complete Event Information			
Event Start Date:	Event End Date:		
Start Time:	End Time:		
Estimated Attendance:			
Event Description:			
Room Preference Requested (Indicate Building and Room Number)			
PLEASE NOTE: Class needs take precedence over any other room usage.			
Indicate Building Preference		Indicate Room(s) Preference	
(Indicate 1 st , 2 nd , 3 rd in Left Column)		1 st	2 nd
	Administration		
	AT&T Science Center		
	Bonilla Science Hall		
	Fine Arts Building		
	Gorman Building		
	Joyce Building		
	Music Building		
	Natatorium		
	Nursing Building		

Deliver your request by:

Fax to 210-829-3922

Send by e-mail attachment to vgarcia6@uiwtx.edu

Return to the Registrar's Office

Registrar's Office Use Only

Event Code		Room assigned		User Initials	
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