



**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 829-3922

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

Return to the Registrar's Office

Registrar's Office Use Only

| | | | | | |
|-------------------|--|----------------------|--|----------------------|--|
| Event Code | | Room assigned | | User Initials | |
|-------------------|--|----------------------|--|----------------------|--|