| Graduate Student Room Request Form | | | |
|---|---|---|--|
| Name of Student: | | | |
| Reason for Room Request (circle one): | Presentation Practice 2 nd Year Research Progress Exam MS Thesis Defense | Committee Meeting Research Proposal Oral Defense PhD Dissertation Defense | |
| Date Room Needed: | | | |
| Time Range Room Needed: | Note: A minimum of 2 hours should be scheduled for any Exam or Defense | | |
| Estimated number of attendees: | | | |
| Does the event need to be posters within the Depart | | No Note: Required for MS and PhD Defenses | |
| Information needed for poster: Needed at least 1 week prior to the event. Title: Name as you want it to appear on poster: Time (if different that the time range given above): | | | |
| Date form received by S | hontae: | | |
| Room Assignment: | | | |
| Additional Notes: | | | |