

Room Use Authorization

Departments **must submit this authorization to the Office of the Registrar, after completing the online Input Data Sheet,** to be able to schedule a room that has **not** been assigned to their college.

Date _____

Term: Summer 20____ Fall 20____ Spring 20____

Building _____ **Room** _____

Department _____ **Course #** _____ **Section #** _____ **Course ID#** _____

Class Title _____

Days _____ Time: From _____ To _____

I support my department's request for this room.

Signature of Dean

I authorize the use of the room as described above.

Signature of Dean
(Dean who has this room assigned to their college.)