



Duquesne University
School of Law
Student Room Request



DATE(S) REQUESTED:

First Choice: _____

Second Choice: _____

ROOM(S) REQUESTED:

First Choice: _____

Second Choice: _____

NAME OF EVENT: _____

Start time: _____ a.m. p.m.

End time: _____ a.m. p.m.

Number of Estimated Attendance (REQUIRED):

Students _____

Staff _____

Faculty _____

Other (Please specify) _____

Audio-visual set-up: Please be sure to contact the AV Technical Assistant in the Library prior to scheduling your event. 412.396.4617

Contact Name: _____

Department/Organization: _____

Department/Organization Address: _____

E-mail (PREFERRED): _____

Phone: _____

Responsible Person (if different from contact): _____

PLEASE NOTE THE FOLLOWING:

- ORGANIZATIONS MUST BE RECOGNIZED OR IN THE PROCESS OF BEING RECOGNIZED IN ORDER TO RESERVE A ROOM.
- YOU WILL BE CONTACTED VIA E-MAIL OR PHONE WITHIN 1-2 DAYS DEPENDING ON THE REQUEST.

Return completed form to: Beth Bauer, Student Organizations Assistant, Room 305
bauerb3@duq.edu

Date Received:
Req#:

Approved by:

Event#:

Room