

**MONTANA STATE UNIVERSITY  
REGISTRAR'S OFFICE  
CLASSROOM RESERVATION REQUEST**



DEPARTMENT OR ORGANIZATION \_\_\_\_\_ INDIVIDUAL MAKING REQUEST \_\_\_\_\_

EVENT \_\_\_\_\_

WILL A REGISTRATION OR ADMISSION FEE BE CHARGED? YES \_\_\_ NO \_\_\_

BLDG	ROOM	FROM	TO	DATE(S)	DAY OF WEEK	ATTENDANCE
_____	_____	_____AM/PM	_____AM/PM	_____	_____	_____
_____	_____	_____AM/PM	_____AM/PM	_____	_____	_____
_____	_____	_____AM/PM	_____AM/PM	_____	_____	_____

1. PLEASE FILL OUT THIS FORM COMPLETELY AND BE FAMILIAR WITH THE GUIDELINES AND REGULATIONS LISTED BELOW.
2. THIS FORM IS TO BE USED TO RESERVE CLASSROOMS FOR USE BY BOTH CAMPUS AND NON-CAMPUS ORIENTED ORGANIZATIONS.
3. TELEPHONE CALLS CONCERNING ROOM RESERVATIONS WILL NOT BE CONSIDERED OFFICIAL UNLESS CONFIRMED BY THIS FORM.
4. ONE COPY OF THIS FORM MUST BE RECEIVED BY THE REGISTRAR'S OFFICE AT LEAST 3 WORKING DAYS PRIOR TO THE EVENT.
5. REGULAR SCHEDULED ACADEMIC CLASSES HAVE PRIORITY FOR ALL GENERAL CLASSROOMS. THIS INCLUDES COMMON HOUR EXAMS AND FINALS.
6. THERE WILL BE NO ACADEMIC CLASSROOMS USED FOR STUDY ROOMS DURING HOLIDAYS AND WEEKENDS. IT IS THE RESPONSIBILITY OF THE PRESIDENT OF THE ORGANIZATION TO ASSURE THAT A QUIET STUDY ATMOSPHERE IS MAINTAINED IN THE STUDY ROOM.
7. **FOOD, BEVERAGES, AND SMOKING ARE PROHIBITED** IN CLASSROOMS.
8. ALL CHAIRS WILL BE REPLACED IN AN ORDERLY FASHION IN THE ORIGINAL MANNER.
9. ALL DEBRIS, ETC., WILL BE COLLECTED AND PLACED IN THE WASTEBASKETS. ANY EXTRA CLEANING REQUIRED WILL BE CHARGED TO THE FACULTY ADVISOR OR THE ORGANIZATION. FAILURE TO PAY FOR THE CLEAN-UP RESULTS IN LOSS OF ROOM USE FOR THE YEAR.
10. THE FACULTY ADVISOR WILL BE HELD RESPONSIBLE FOR THE ROOM.
11. THE ROOM WILL BE VACATED AT THE TIME SPECIFIED ON THE WRITTEN REQUEST.
12. VERIFIED COMPLAINTS OF SERIOUS INFRACTIONS IN THIS POLICY REGARDING SPECIFIC PROBLEMS OR LACK OF COOPERATION WILL RESULT IN THE FORFEITURE OF THE USE OF THE ROOM.
13. **PLEASE USE THE "REQUEST FOR CHANGES IN THE PRINTED TIME SCHEDULE" TO REQUEST OR CHANGE A ROOM ASSIGNED TO AN ACADEMIC CLASS.**
14. ROOMS ARE ASSIGNED AFTER CLASSES HAVE BEEN SCHEDULED.

SIGNATURE OF FACULTY (ADVISOR) \_\_\_\_\_

SIGNATURE OF PERSON IN CHARGE DURING EVENT \_\_\_\_\_

CONFIRMATION TO BE SENT TO: (PERSON, BLDG, ROOM, PHONE) \_\_\_\_\_

**CONFIRMATION #** \_\_\_\_\_

OFFICE USE

APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

REGISTRAR'S \_\_\_\_\_

DEPT \_\_\_\_\_

FACILITY SERVICES \_\_\_\_\_

TRAFFIC & SECURITY \_\_\_\_\_