

## Room Reservation Request Form

To be used for numbered academic courses and by non-UCSF departments.

Please submit completed form via email to [noel.baronia@ucsf.edu](mailto:noel.baronia@ucsf.edu) and [sally.huey-lee@ucsf.edu](mailto:sally.huey-lee@ucsf.edu)

Requested by (please print) \_\_\_\_\_

Email \_\_\_\_\_

Quarter Requested – *One quarter per form* \_\_\_\_\_

Date \_\_\_\_\_

**View classroom availability and specifics on [25Live](#).**

Event Title \_\_\_\_\_

Course Number, if applicable \_\_\_\_\_

School / Department / Organization \_\_\_\_\_

Total Number of Attendees \_\_\_\_\_

Name of Person in Charge \_\_\_\_\_

Phone Number \_\_\_\_\_

Activities involve non-university speakers, guests or entertainers

\_\_\_\_\_ Details

**Service or Room Features Required (fees may apply):**

[Class Capture](#)     [Class Capture](#) with Live Stream

**Speedtype or COA:**

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

**Featured Academic Events are Open to the Public.** *Events, grand rounds, and journal clubs scheduled in the large lecture halls will be included on the featured academic events calendar.* I agree:  Yes     No

Check if funds will be collected at event

**Note: All UCSF departmental reservations will need to be submitted via [25Live](#)**

Day of the Week	Date	Reservation start & end times	Actual Event start & end times	Preferred Room or Preferred Campus	Room Assigned

Please notify the scheduling department immediately of any changes or cancellations.

DO NOT WRITE BELOW LINE

Confirmed by Scheduler \_\_\_\_\_

Date \_\_\_\_\_

Approved by Student Life (Required before unions and non-profit organizations can reserve a room) \_\_\_\_\_

Date \_\_\_\_\_

***Please allow 24-48 hours to receive an e-mail confirmation of your room reservation.***

***For questions, please call [Classroom Services](#) at 415-476-4436. See instructions on next page.***

## Instructions

1. The person completing this form should enter his/her name, address, telephone extension and e-mail.
2. Dates requested are limited to *one quarter only* per form.
3. Include number of people attending, list expected number from off-campus.
4. Name of person in charge should be the instructor of record or person using the room.
5. Non-curricular (continuing education, selected campus functions) users will be charged for audio-visual equipment and technical support. All problems and questions concerning audiovisual and projection services should be directed to: [Classroom Support Services](#), 415-476-4310.
6. Please notify [Classroom Scheduling](#), 415-476-4436 for any video transmission services.
7. A cleaning fee may be required when a room is used on a weekend or holiday. Information concerning this fee, classroom cleaning or requests for extra tables and chairs can be obtained from [Facilities](#), 476-2021.
8. Specify the days, dates, times and room(s) requested. If a room is required for the entire quarter, list all dates for the quarter. No reservations will be confirmed on an indefinite basis.
9. Retain a copy of your request for your records.
10. When a room is assigned and the request confirmed, the signed confirmation copy is returned to you. Do not distribute publicity until you have received signed confirmation of a scheduled room.

**Note: All rooms must be left clean and in proper order. Do not remove furniture or equipment from classrooms. See [ETS Rules and Policies](#) for more information.**

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**For questions, please call [Classroom Services](#) at 415-476-4436**