



# William R. Harvey Leadership Institute

## Classroom Use Request

**Student Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**HU Email:** \_\_\_\_\_

**HU ID#:** \_\_\_\_\_

**\*Please complete one form for each room request and/or date request.** In order to provide service excellence and ensure scheduling accuracy, all room requests must be submitted at least **72 hours in advance** of actual date needed. Confirmation notice will be sent via email. Request only class size needed.

\*It is the responsibility of the requestor to adhere to all university policies regarding use of facilities. It is further understood that space is assigned for the event only as specified on the confirmation received.

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**Please initial each line below to indicate that you have read, understood, and agree with the policies listed below.**

- \_\_\_\_\_ 1. The student requesting the space must be currently registered and in good standing with the WRHLI.
- \_\_\_\_\_ 2. The requesting student assumes responsibility for any damages
- \_\_\_\_\_ 3. No classroom furnishings (chairs, desks, tables, etc.) are to be removed from or added to the space without prior approval.
- \_\_\_\_\_ 4. The requesting student will ensure the classroom is cleaned immediately after completion of the event

**I have read and agree to follow all policies and procedures stated above.** \_\_\_\_\_

**Signature**

**Date**

**Specific Room Requested** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

**Comments**

\*\*\*\*\***Staff Use Only**\*\*\*\*\*

**Approved** \_\_\_\_\_ **Disapproved** \_\_\_\_\_ **Date** \_\_\_\_\_