



**University of the Incarnate Word
Registrar's Office**

Academic Room Request Form

Contact Person:	Phone Number:		
Organization:			
E-Mail Address:	Fax Number:		
Event Start Date:	Event End Date:		
Start Time:	End Time:		
Estimated Attendance:			
Event Description:			
Room Preference Requested			
Class needs take precedence over any other room usage.			
Indicate Building Preference		Indicate Room(s) Preference	
(Indicate 1 st , 2 nd , 3 rd in Left Column)		1st	2nd
	Administration		
	Gorman Building		
	Joyce Building		
	Natatorium		
	Nursing Building		
	Science Hall		
	Math, Science & Engineering Center		
	Wellness Center		

This form does NOT guarantee you a room.

Please provide 24 hours notice when requesting a room.

Deliver your request by:

Fax to 829-3922

Send by e-mail attachment to cisneroe@uiwtx.edu

Return to the Registrar's Office