



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

Academic Room Request Form

This form does NOT guarantee you a room. Please provide 24 hours notice.

Contact Person:		Phone Number:		
Organization:				
E-Mail Address:		Fax Number:		
Provide Complete Event Information				
Event Start Date:		Event End Date:		
Start Time:		End Time:		
Estimated Attendance:				
Event Description:				
Room Preference Requested (Indicate Building and Room Number)				
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	3rd
	Administration			
	Gorman Building			
	Joyce Building			
	Natatorium			
	Nursing Building			
	Bonilla Science Hall			
	AT&T Science Center			
	Wellness Center			

Deliver your request by:

Fax to 829-3922

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

Return to the Registrar's Office

Registrar's Office Use Only

Event Code		Room assigned		User Initials	
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