

HOWARD UNIVERSITY COLLEGE OF DENTISTRY FACILITY ROOM REQUEST FORM

All requests must be submitted to www.HUCDstudentaffairs.com. Room requests during class hours must be approved by the Associate Dean for Academic Affairs. Room requests during evening and weekend hours must be approved by the Associate Dean for Student Affairs. **ALL** persons entering the building for events must sign in and show a valid proof of identification to the Security Officer. Failure to comply will result in being asked to leave our premises. *ALL weekday evening events MUST end no later than 9:00PM!

Date (s) Requested: _____ Time Requested From _____ To _____

Department / Organization: _____

Organization's Email Address: _____ Phone Number: _____

Event/ Activity Type: Meeting Fundraiser Community Service Professional Development Event
 Social Event Ceremony Lecture/Seminar Lunch & Learn Other _____

Name of your event: _____

Who is eligible to attend? (Check all that apply):

HU Students HUCD students Faculty Staff Open to Public

Name(s) of Speaker(s): Howard University Faculty/Staff/Student N/A

1. _____ Faculty Staff Student Other

2. _____ Faculty Staff Student Other

Number of persons expected to attend: _____ Does the event require a screen projector? Yes _____ No _____

Will there be music? Yes No If yes, specify _____ Food Service? Yes No [ALCOHOLIC BEVERAGES NOT PERMITTED!]

Requestor's Name (Off-Campus or Non-HUCD Organization) _____ Date _____

President: Printed _____ Signature _____ Date _____

Faculty Advisor: Printed _____ Signature _____ Date _____

Event Review

Approved _____ Student Activities-Signed: _____ Not Approved _____ Reason(s):

Flyer/Poster Approved----- Not Approved----- Reason(s):-----

Location Preference of Event: HUCD Other If Other, where _____

*Room(s) Requested: Simulation Lab Loud Lounge-117 Other _____.

Seminar Classrooms/Capacity: 402 (16) 403(20) 529 (18) 530 (18) 531 (17) 532 (16) (NEAR ELEVATOR)

Lecture Halls/Capacity: LH2-503(80) LH3-504 (80) LH6-204 (70)

Weekday (8 a.m.- 5 p.m.) Room Request Review Completed by Academic Affairs

Approved _____ Signed: _____ Date _____ Not Approved _____ Reason(s):

Evening and/or Weekend Room Request Completed by Student Affairs

Approved _____ Signed: _____ Date _____ Not Approved _____ Reason(s):