

# CLASSROOM SPACE REQUEST FORM

LSU OFFICE OF THE UNIVERSITY REGISTRAR

112 Thomas Boyd Hall

Please submit this form to Roxanne Autin [roxanne@lsu.edu](mailto:roxanne@lsu.edu) or Kristie Braud [kbraud10@lsu.edu](mailto:kbraud10@lsu.edu)

NAME OF ORGANIZATION: \_\_\_\_\_

**Requestor's Contact Information:**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Faculty Advisor's name and email address: \_\_\_\_\_

Please follow the example as shown below to complete this form:

Building/Room Preference: 103 Coates Hall  
Number of seats: 25  
Day(s) of the week: Mondays, Tuesdays and Wednesdays  
Beginning and End date: 10/6/2014 to 11/26/2014  
Beginning and End time: 8pm to 9pm

Building/Room Preference: \_\_\_\_\_  
Number of seats: \_\_\_\_\_  
Day(s) of the week: \_\_\_\_\_  
Beginning and End date: \_\_\_\_\_  
Beginning and End time: \_\_\_\_\_

**For Office Use Only:** **Room Assigned:**

Building/Room Preference: \_\_\_\_\_  
Number of seats: \_\_\_\_\_  
Day(s) of the week: \_\_\_\_\_  
Beginning and End date: \_\_\_\_\_  
Beginning and End time: \_\_\_\_\_

**For Office Use Only:** **Room Assigned:**