

South Studios Room Reservation Form

Name: _____

Date: _____

Building: 1 6

Room No: _____ Start date: _____

Length of use: 4 weeks 8 weeks extended use*

Please provide a brief description of the of the project for which you are using the room in the space below. We do not need information on the concept of the project, only it's physical parameters.

* projects that require the use of an installation space for longer than eight weeks must be approved by the Director of Art+Desgin Facilities. Provide a brief explanation of why additional time is necessary below:

Turn this form into the staff in room 240 Art + Design Building.

To be completed after review by Art + Design Facilities Staff.

Room _____ in building _____ is assigned to _____ from the _____ of _____ until the _____ of _____ .

x _____

Failure to vacate the assigned room by the date set forth may result in late fines and the loss of Art+Design Facilities privileges.