CALIFORNIA STATE UNIVERSITY, FRESNO
SCHEDULING OFFICE
MAIL STOP #54, EXT. 82491, E-MAIL@diannej

FACILITY REQUISITION FORM

(Use this form for space on Fridays after 4p.m. thru Sunday and when classes are not in session.)

DATE OF APPLICATION: _____

INSTRUCTIONS:

1. One original and two copies must be submitted to the Scheduling Office at least two weeks in advance of functio PRIOR to completing this form, contact this office at 82491 to ensure that the facility/classroom(s) are available. Notify this office of any cancellations.
2. Audio-visual equipment must be requisitioned separately from Academic Innovation Center at Ext. 82674.
3. For special set-up requirements, contact Plant Operations at Ext. 82374.
4. ALL DEPARTMENTS/SCHOOLS/OFFICES ARE RESPONSIBLE FOR LEAVING FACILITIES IN A SATISFACTORY CONDITION AND MUST ACCEPT RESPONSIBILITY FOR ANY DAMAGE OR LOSS INCURRED AS THE RESULT OF ITS USE.

Please print or type:

DEPARTMENT/SCHOOL/OFFICE: _____ EXT: _____ MS# _____

TYPE OF FUNCTION: _____ E-MAIL ADDRESS _____

CLASS/FUNCTION TITLE: _____ FAX# _____

DEAN/DEPT. CHAIR: _____

SIGNATURE DEAN/DEPT. CHAIR: _____

BUILDING OR AREA	ROOM NO.	DATE	DAY OF WEEK	TIME (a.m. or p.m.)	HEAD COUNT	INSTRUCTOR OR STAFF	SPECIAL ROOM FEATURES	SCHEDULE CONFIRM NUMBER

Scheduling Office
Verification

* Send one (1) original and two (2)copies for processing.