

Common Final Exam Room Request Form

Return to:
 Academic Scheduling
 20 UCB, Regent 105
 Marilyn.Hayes@colorado.edu, 492-6619
 Debbie.Otterstrom@colorado.edu, 492-4570

Term _____ Year _____

Date _____
 Dept _____
 Name _____
 Extension _____
 Campus Box _____
 E-mail _____

I will be using the Events Center and will contact the Events Center staff directly. Courses using the Events Center are:

I will be using the following non-central space:

I will need central classroom space indicated below. (Please indicate preferences for specific rooms. Additional space on back)

| Dept/Course No. | Section | Exam Date/Time | Seats Needed | Specific room requested/Other remarks | Assigned (Leave Blank) |
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Approved by _____
Department Chair

_____ Date

Assignments Made: _____
Academic Scheduling

_____ Date

