

## SEMESTER ROOM REQUEST FORM

Semester: \_\_\_\_\_

Course: \_\_\_\_\_

Day (s): \_\_\_\_\_

Period (Time): \_\_\_\_\_

# of Students: \_\_\_\_\_

Instructor: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Box #: \_\_\_\_\_

Type of Space Needed: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

Specific Dates Not needed: \_\_\_\_\_

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*Type of Space Needed = Lab, Gross Lab, Classroom, Lecture Hall, etc.*

*Special Needs = Video Teleconferencing, sites, etc.*

### **\*\* Contacts \*\***

Health Center Teaching Laboratory Resources  
Adrian T. Allen, Coordinator  
Box 100273

HSC Classroom/Distance Ed./Laboratory Scheduling:  
Cindy Olejownik (352) 273-5064/Fax (352) 392-1756 in Room CG-60  
[colej@tlr.ufl.edu](mailto:colej@tlr.ufl.edu)

HSC Lecture Hall Audio Visual /Key Checkout Needs:  
George Barnett or Rob Nelson @273-5082 in Room C1-14

HSC Classroom/Laboratory Audio Visual or Key Checkout Needs:  
Rita Jacques or Bill Peel @273-5057 in Room CG-35