REQUEST/PERMIT FOR USE OF THE CROGHAN-SCHENLEY ROOM
156 CATHEDRAL OF LEARNING

This form must be submitted two weeks in advance to the Nationality Rooms Program, 157 Cathedral of Learning

Name of Individual Making Request Date of Request Phone

Individual's Address Date(s) Wanted (Month/Date(s)/Year)

Sponsoring Organization (Official University Host) Time Wanted (Start & Finish)

Purpose of Event Estimated Attendance

SET UP: ________AS IS________ (center table with 24 surrounding chairs) ________OTHER________

Describe proposed set up: ____________________________________________________________

________________________________________ (Attach sheet with sketch if necessary)

_______ Refreshments will be served (must use University Catering) ______ No refreshments served

REQUIRED SIGNATURES:

Individual Making Request Phone

Faculty or Administrative Sponsor Phone

Dean, Director, or Vice Chancellor Phone

________________________________________ FAIS Account Number

REQUEST IS: ______ Approved by ____________________________________________

______ Denied - Reason: _________________________________________________________

(To be completed by Nationality Rooms Program)
Room Condition inspected and approved by: _______________________________________

Comments (if not approved): ________________________________

FORM 0042 PITT 5003 PROCEDURE 04-01-07 (1000)