

## **Student Success Center Facility Use Form**

**Date** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Room Request (check all that apply)**

\_\_\_\_\_ **F106, Study Room**

**Capacity:** 16

**Available Equipment:** pull down screen, projector, and tablet

\_\_\_\_\_ **F107, Classroom**

**Capacity:** 30

**Available Equipment:** flat screen television, wall mounted projector (smart surface,) and tablet

\_\_\_\_\_ **F102, Computer Lab**

**Capacity:** 30

**Available Equipment:** pull down screen, projector, printer, computers, flat screen television, and tablet

**\*Tablets may be checked out for use while in SSC only**

**\*Training is necessary in order to operate wall mounted projector.**

**Event Description:** \_\_\_\_\_

\_\_\_\_\_

**Number of Participants:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

**Recurring Event?** \_\_\_\_\_ **If so, what are the dates?** \_\_\_\_\_

**Begin Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Room Regulations:**

- **No food and drinks are allowed.**
- **Room must be left in the same way it was found.**
- **Log off computers when done (Do not shut down!!!)**