



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!!!)**