

**Tufts University Health Sciences Campus Room Request Form**

Email requests to: [Boston\\_RoomRequest@tufts.edu](mailto:Boston_RoomRequest@tufts.edu)

**STUDENT REQUEST**

<b>Your Name:</b>		<b>Your Class:</b>	
<b>Your Email:</b>		<b>Today's Date:</b>	
<b>Student Group:</b>			
<b>Medical School:</b> ____		<b>Nutrition School:</b> ____	
<b>Sackler School:</b> ____		<b>Dental School:</b> ____	
<b>University:</b> ____			
<b>NAME OF EVENT:</b> <i>(This will appear on posted schedule)</i>			
<b>Student Affairs Approval Signature:</b>			
<i>We may have <b>OSA</b> email us with their approval when your event is after hours, large or if alcohol is being served. Any review sessions for medical students need to be approved by (OEA Sackler 3).</i>			
<b>NAME OF PERSON RESPONSIBLE FOR EVENT:</b> <i>(This name will appear on posted schedule)</i>			
<b>DATE(S) NEEDED:</b> <i>(attach listing if necessary)</i>			
<b>Start Time:</b>	<b>Duration:</b>	<i>Set up time</i>	<i>Clean up time</i>
<b>Number of People Per Room:</b>		<b>Number of Rooms Needed:</b>	
<b>Room setup</b>	Lecture Rows <input type="checkbox"/>	Hollow Square <input type="checkbox"/>	Horseshoe <input type="checkbox"/>

**Contact Bob Chaban in Facilities 617-636-6612 [Robert.Chaban@tufts.edu](mailto:Robert.Chaban@tufts.edu) for room setup or clean up**

Do you plan to serve:  **FOOD**      Contact Facilities (6-6612)  
 **ALCOHOL**      You must Contact Security Office (6-6610)

<b>ROOM PREFERRED:</b>	<i>For Office Use only:</i>
<b>1<sup>st</sup> CHOICE :</b>	
<b>2<sup>nd</sup> CHOICE :</b>	
<b>3<sup>rd</sup> CHOICE:</b>	<b>Room(s):</b>
	<b>Event Code:</b>