| Graduate Student Room Request Form  |   |   |
|---|---|---|
| Name of Student:  |   |   |
| Reason for Room<br>Request (circle one):  | Presentation Practice<br>2 <sup>nd</sup> Year Research Progress Exam<br>MS Thesis/MA Oral Defense | Committee Meeting<br>Research Proposal Oral Defense<br>PhD Dissertation Defense |
| Date Room Needed:   |   |   |
| Time Range Room<br>Needed:  |   | A minimum of 2 hours should be aled for any Exam or Defense                     |
| Estimated number of attendees:  |   |   |
| Does the event need to be posters within the Depart   |   | No Note: Required for MS thesis and PhD Defenses                                |
| Information needed for poster: Needed at least 1 week prior to the event.  Title:  Name as you want it to appear on poster:  Time (if different that the time range given above): |   |   |
| Date form received by Shontae:  |   |   |
| Room Assignment:  |   |   |
| Additional Notes:   |   |   |