

HST Facility Request for **Courses/Exams/Quizzes**

This form is to be completed by individuals seeking to reserve teaching space in the HST for courses. Our current scheduling software permits booking on the hour and half hour only. To make the best possible use of our limited space, we must book activities and events back-to-back. Therefore, you must prepare to conclude your activities 10 minutes before the end time of your reservation, allowing the next party to begin promptly on the hour or half hour.

Please check appropriate box:

Original **Revision: Please include only the revised information on this form with sponsor signature**

REQUESTER INFORMATION			PLEASE PRINT		
CONTACT NAME _____	ORIGIN OF REQUEST (CHECK ONE)	<input type="checkbox"/> HST (Health Science Tower)	DEPARTMENT / ORGANIZATION _____		
CAMPUS _____	<input type="checkbox"/> Hospital	<input type="checkbox"/> Main Campus			
ADDRESS _____	CAMPUS ZIP _____	CAMPUS PHONE _____			

SPONSOR INFORMATION			Please print name of sponsor below and sign		
SPONSOR OF COURSE (CHECK ONE)	<input type="checkbox"/> SOM _____	<input type="checkbox"/> SSW _____	<input type="checkbox"/> VP _____		
	<input type="checkbox"/> SON _____	<input type="checkbox"/> SHTM _____	<input type="checkbox"/> HOSPITAL _____		
	<input type="checkbox"/> SDM _____	<input type="checkbox"/> SPSS _____	<input type="checkbox"/> OTHER _____		
SPONSOR'S SIGNATURE _____					
Please note, only approved sponsor with signatures on file will have request processed. <u>Request will be returned without approved signature.</u>					

COURSE INFORMATION			* NOTE: ROOM ASSIGNMENTS ARE MADE IN RESPONSE TO MANY VARIABLES. PREFERENCES WILL BE CONSIDERED BUT ARE NOT GUARANTEED. CONFIRMED ROOM ASSIGNMENTS ARE ON THE ASTRA CALENDAR ON: HEALTH SCIENCES OFFICE OF STUDENT SERVICES (HSSO)								
If your reservation includes spaces with installed AV systems and your event is on a weekend, begins before 7:30AM or ends after 6PM on a weekday, confirm access to AV systems with HST Audio Visual (4-3230).			https://www.stonybrook.edu/commcms/hsstudents/classroom_reservations								
COURSE CODE	COURSE #	OR <input type="checkbox"/> Exam/Quizzes	ANTICIPATED ATTENDANCE _____								
<table border="1" style="width:100%; height:30px;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="width:100%; height:30px;"><tr><td> </td><td> </td><td> </td></tr></table>					LOCATION PREFERENCE* _____		
COURSE TITLE _____											

CLASSES MEET:	ON THE FOLLOWING DAYS OF THE WEEK (CHECK ALL THAT APPLY)						
DAY OF THE WEEK	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
START DATE							
END DATE							
START TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
END TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Any dates that classes are not in session, including holidays, please note in requester comments if you do not need the room.

REQUESTER COMMENTS	
HS OSS USE ONLY	

Entered on calendar _____	Additional info. needed _____
Date _____	Additional info received _____
Initials _____	Date _____ Initials _____