



Special Facilities Request Form

Attach a detail description of the event

PLEASE MAKE YOUR REQUEST AT LEAST 48 HOURS IN ADVANCE

Event: _____

Date: _____ Timing From: _____ to _____

Audio Visual Request:

Multimedia Projector TV/VCR PC
 Slide Projector OHP Others: _____

Person Responsible (Name & ID): _____

Note: The person responsible must ensure that Multimedia Projector is returned in the same working condition as received.

Seating Request:

Type of Space: _____ No. of Chairs: _____ Arrangements: _____
(e.g. room, garden etc)

Refreshment Request:

No. of Guests: _____ Time Needed: _____

Items: _____

Note: No food will be served in the auditorium & classroom

Transport Request:

Place to Visit: _____

No. of Persons: _____

Type of Transport: _____

Any special arrangement/Instruction (Please specify):

Description of the Event (in detail):

Faculty /Staff Name: _____

Course: _____

Section: _____ Program: _____

(Requested by Student/Faculty/Staff)

Date: _____

Academic Dept./Date

IT Dept. / Date

Administrative Dept. / Date

Note: Faculty and the relevant Program Manager will be responsible for the event.