

## Make-up Course Room Request

Please fill out ALL the information below.

1. Event Length:  
(indicate hours and minutes)
2. Preferred Building/Room, if any:  
(indicate "only" if required)
3. Preferred Date(s)/Day(s)/Time(s):  
(indicate "only" if required list all possible alternatives)
4. Minimum Room Capacity:
5. How many times will the event occur:  
If more than once, at what interval:
6. Type of Event:
7. Related Course:
8. Special Facility Needs:
9. Additional Information:

\*Requests are not guaranteed and are subject to room availability.

**PLEASE EITHER EMAIL THIS FORM TO ALEX REYES  
(alexr@ece.ucsb.edu) OR PLACE IT IN MY MAILBOX ON  
THE FOURTH FLOOR OF HFH.**