

Study Room Application

Please fill out form completely

Today's Date _____

Contact Person _____ CWID# _____
Phone _____ e-mail _____

Organization/Group Name or Class _____
(Rooms are reserved for groups of 3 to 8 people)

Members' names: (List Contact Person as #1)

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

- Study room needed:
 ___ Room 305 ___ Room 502 (room is at the back)
 ___ Room 504 (room is at the front) ___ No preference/any room is fine depending on availability
- Rooms reserve for 2-hours at a time and there are no renewals. Groups may reserve a room 3 times per semester. Please allow 24 hours to process your study room application.

Please check the day(s) of the week and write in the date and time:

- Week Day Hours

___ Monday/Date needed _____
 From _____ AM to _____ AM
 From _____ PM to _____ PM

___ Tuesday/Date needed _____
 From _____ AM to _____ AM
 From _____ PM to _____ PM

___ Wednesday/Date needed _____
 From _____ AM to _____ AM
 From _____ PM to _____ PM

___ Thursday/Date needed _____
 From _____ AM to _____ AM
 From _____ PM to _____ PM

___ Friday/Date needed _____
 From _____ AM to _____ AM
 From _____ PM to _____ PM

- Saturday Hours (not available during the Summer semester)

___ Saturday/Date needed _____
 From _____ AM to _____ AM
 From _____ PM to _____ PM

- Gee Library opens at 2:00p.m. on Sunday

___ Sunday/Date _____
 From _____ PM to _____ PM

* PLEASE NOTE: Groups need to be out of their study room 15 minutes prior to the library's closing time.