

# Room Utilization Request Form

Welcome to Guam Community College's Room Utilization Request Form. Please enter and/or select your options then click on submit below. A new blank request will appear for any new/other request. If you do not have any other request, simply close your browser window. A confirmation email will be sent to you within a day or two from the Student Support Services office.

1. Name:

2. EMail Address:

3. Department/Program:

4. Course name and number: (example: General Math-MA052)

5. Instructor Name:

6. Type of room required:

7. If this function requires additional rooms, indicate the number of rooms and seats needed below and/or your room preference (example: 2 rooms - 15 seats with computers and/or TC1221).

8. Start Date:

9. Repeat Type:

10. End Date:

11. Day(s) required:

12. Hours required:

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