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:	
Select	
4. Course name and number: (ex	xample: General Math-MA052)
5. Instructor Name:	22m
6. Type of room required: Select	
7. If this function requires addit room preference (example: 2 ro	ional rooms, indicate the number of rooms and seats needed below and/or your oms - 15 seats with computers and/or TC1221).
8. Start Date:	
9. Repeat Type: Select	
10. End Date:	
	(2)
11. Day(s) required: Select	
12. Hours required: Select	m
Submit Clear Changes	

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