

MODEL CLASSROOM Reservation Request Form

PLEASE SUBMIT THIS FORM **NO LATER THAN 3BUSINESS DAYS PRIOR TO YOUR EVENT.**

We cannot guarantee services for forms submitted past this deadline.

To schedule the use of model classroom complete the form and bring it to:

Chairperson office department of chemistry

GENERAL INFORMATION

Contact Name:	
Reservation Details :	
Department :	
Email:	Phone:

STATEMENT OF RESPONSIBILITY

I, _____, as the individual to be contacted for any matters and questions concerning this request, do hereby agree to accept responsibility for this event. I agree to adhere to the assurance that the facility requested will be used as stated in the request, that reasonable care will be taken to keep the event orderly, that reasonable care will be taken to enforce the rules and regulations of the Federal Urdu University.

Signature : _____ Date : _____