

Student Activities Office
Term Assignment Request Form ~ Fall 2010

Please return completed forms to the Student Activities Office, BSC 230 by Friday, May 7, 2010.
Late requests will be honored only if space is available.

ORGANIZATION INFORMATION:

Organization Name:

Organization Representative:

Phone Number:

Email:

TERM ASSIGNMENT REQUEST:

Day of the Week Requested: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Meeting Frequency: Weekly Bi- Weekly Monthly Other: _____

Time Requested: *Start Time -* _____ *End Time -* _____

Expected Number of Attendance: _____

Preferred Building: Armstrong Hall Biology Building Bliss Hall Business Building Forcina Hall
 Holman Hall Loser Hall Science Complex Social Science Bldg Spiritual Center Student Center

Preferred Room (if any): _____

ALTERNATE TERM ASSIGNMENT REQUEST:

In case first choice of day, time or location is not available, please list alternate choices in order of preference below:

1st alternate choice of day: _____ 2nd alternate choice of day: _____
1st alternate choice of time: _____ 2nd alternate choice of time: _____
1st alternate choice of location: _____ 2nd alternate choice of location: _____

SPECIAL CONSIDERATIONS:

If your first choice is not available, would you prefer to compromise on location or time slot? Location Time Slot

In some cases, your first choice may be available only if you are willing to start 10-15 minutes later or end 10-15 minutes earlier. Are you willing to accept this compromise? Yes No

Is your organization in need of a special set up for your Term Assignment? Yes No

If yes, you must discuss your needs with the BSC Assistant Manager prior to your first scheduled meeting date.

Are there any dates your organization will NOT be in need of a meeting room (consider holiday or academic breaks)?
 Yes No If yes, please list dates: _____

I AGREE TO ALL REGULATIONS PERTAINING TO THE STUDENT CENTER AND ACADEMIC BUILDINGS AT THE COLLEGE OF NEW JERSEY. I ALSO AGREE TO ABIDE BY ALL TERM ASSIGNMENT GUIDELINES LISTED ON THE REVERSE OF THIS FORM. I UNDERSTAND THAT MY ORGANIZATION AND I ARE RESPONSIBLE FOR THE CONDITION OF FACILITIES USED AND WE WILL BE HELD RESPONSIBLE FOR ANY DAMAGES, SECURITY OR DIFFICULTIES WHICH MAY OCCUR AS A RESULT OF OUR EVENTS.

PRESIDENT'S SIGNATURE **DATE**

ADVISOR'S SIGNATURE **DATE**