



**University of San Carlos
The Library System**

**Josef Baumgartner Learning Resource Center
Space Utilization Form**

**Classroom/Instruction-Related Activities
Academic/Administrative Department-Initiated Activities/Student Organization**

Please fill up two copies and submit to Information Desk/KNC Librarian ONE WEEK before the reserved date.

PURPOSE (Please Check)

- | | |
|--|---|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Seminar/Workshop/Training |
| <input type="checkbox"/> Symposium/For a/Lecture | <input type="checkbox"/> Meeting/Discussions (Roundtable) |

AREA/VENUE WITHIN LRC:

<input type="checkbox"/> DOL Conference Room	Discussion Room	
<input type="checkbox"/> Faculty Conference Room	<input type="checkbox"/> Ground Floor (10)	<input type="checkbox"/> Upper Second Flr. (18)
<input type="checkbox"/> Virtual Training Room	<input type="checkbox"/> Ground Floor (18)	<input type="checkbox"/> 3 rd Floor (10)
<input type="checkbox"/> Exhibit Room	<input type="checkbox"/> Upper Second Flr. (10)	<input type="checkbox"/> 3 rd Floor (18)

Date: _____ **Time:** _____

Organizer/Host/Sponsor: _____

Target Audience: _____ **How many?** _____

MATERIALS NEEDED:

Equipment: (Please Check & Indicate how many is needed)

- | | | |
|--|--|---|
| <input type="checkbox"/> Computer(s) _____ | <input type="checkbox"/> Sound System | <input type="checkbox"/> White Board(s) _____ |
| <input type="checkbox"/> Laptop(s) _____ | <input type="checkbox"/> Microphone(s) _____ | |
| <input type="checkbox"/> LCD _____ | | |

Please accomplish the following:

1. **Requested by:**

Signature over Printed Name

2. **Endorsed by:**

Chairman/Dean/Principal/Admin. Head/OSC for Student Org.

3. **Verified by: (Space is Reserved for the Requestor)**

Information Desk/KNC Librarian

Date Verified:

4. **Approved by:**

Director of Libraries

Date Approved:

VP Administration

Date Approved: