



**RESERVATIONS AND
EVENT SERVICES**

Tel. (818) 677-3644 Fax (818) 677-4172
Hours: 8 a.m. – 5 p.m., Mon. – Fri.
www.csun.edu/usu/reservations

Student Academic Project Form

Student Name: _____	Professor Name: _____
Address: _____	Office Ext.: _____
_____	Course Name: _____
Day Tel. Number: _____	Course Number: _____
Email: _____	

Event Date: _____ Room Preference: _____

Start Time: _____ End Time: _____ Capacity: _____

Please describe the intended use of USU facility: _____

*Space is subject to availability. Rooms must be used standard, or the student will be charged a setup fee.
This reservation does not include any special arrangements, such as audio-visual equipment, etc.*

Student's Signature

Professor's Signature

Date: _____

Date: _____

Office Use Only	Received: _____	Accepted By: _____
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**UNIVERSITY
STUDENT
UNION**

California State University
Northridge