

Exemption Request Form

For Use By: Chartered Student Organizations

Name of Organization _____

Phone: _____ Email: _____

Please indicate the nature of the request:

- To use more than three (3) rooms per week free of charge
- To use rooms for a conference, or like event
- To be excused from charges/fees that will be implemented by the SUB

Please state the dates, times and rooms being requested:

Room Name: _____	Date _____	Time: _____ to _____
Room Name: _____	Date _____	Time: _____ to _____
Room Name: _____	Date _____	Time: _____ to _____
Room Name: _____	Date _____	Time: _____ to _____
Room Name: _____	Date _____	Time: _____ to _____
Room Name: _____	Date _____	Time: _____ to _____

Please state the purpose of the request, fully explain why your organization should be excused, and describe from what charges your organization would like to be excused from (if applicable). *You may attach one (1) additional page if needed.*

Name: _____ Date: _____
Authorized officer requesting exemption

Signature: _____

Student Union Building Scheduling Office use only

- Approved
- Declined

Name: _____ Date: _____
