



CLASSROOM RESERVATION

____ Term, AY _____

Responsible Person / Organization:	
College/Department:	Year Level/Grade Level / Section:
Date/s Needed:	Time:
Purpose:	
Requested by: _____ Printed Name and Signature	Noted: (Adviser/Faculty/ Dean) _____ Printed Name and Signature

For The Registrar's Use	
Room No.	Approved: _____ Printed Name and Signature

This form should be submitted to The Registrar **three (3) days** before the actual date of activity.

(Registrar's Copy, TSA Copy, Housekeeping Copy, Guard's Copy, Requester's Copy)

TR-ESOS013 s. 2019



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