

**UNIVERSITY OF PITTSBURGH
OFFICE OF THE UNIVERSITY REGISTRAR
SPECIAL CLASSROOM PERMIT**

TO: CLASSROOM SCHEDULING
G-2 THACKERAY HALL
CAMPUS PHONE: 412-624-7640 OR 412-624-7641

FROM: DEPARTMENT/CONTACT NAME

CAMPUS ADDRESS

DEPARTMENT

CAMPUS PHONE NUMBER CAMPUS FAX NUMBER

CAMPUS EMAIL

DATE(S) ROOM(S) NEEDED

START TIME AM PM END TIME AM PM

REQUESTED LOCATION BLDG & ROOM

NUMBER OF SEATS IN EACH ROOM

WILL THERE BE ATTENDEES UNDER 18?

SPECIAL NEEDS
(AUDIO VISUAL, WHEELCHAIR RAMP, ETC.)

REASON FOR REQUEST **MUST BE IDENTIFIED**
(EX: MID TERM EXAM, REVIEW, LECTURE, MEETING, SEMINAR, ETC.)

CLASS INFORMATION

Subject Catalog # Class # Section

**FACULTY MEMBERS MUST HAVE ROOM CONFIRMATION PRESENT WHEN
USING UNIVERSITY CLASSROOM FACILITIES**

FOR ROOM SCHEDULING USE ONLY. DO NOT WRITE BELOW THIS LINE.

Approved Not Available

Comments

Registrar Authorization Date