

### Single/Multiple Day Activities Policy

All single/multiple day activities will only be scheduled if rooms are available after all classes have been placed for each term. A room confirmation will be sent when the activity is scheduled into a room. **Academic Scheduling reserves the right to make adjustments to all reservations at any time.** Should this situation arise, you will be accommodated as best as possible.

- 1) **Effective Spring 2015,**
  - a. 1<sup>st</sup> 14 days of semester - no Monday through Thursday event requests will be scheduled.
  - b. 15<sup>th</sup> day after semester starts - begin accepting requests for Monday through Thursday events to be scheduled in available rooms.
  - c. 19<sup>th</sup> day after semester starts - first day event can be scheduled (allows for 3 business days to process requests).
- 2) **On-line classes and classes with TBA meeting patterns** that need a room periodically are advised to *request it one month prior to the first day of classes (Except Week of Finals)*. We will process these requests on a first-come, first-serve basis. Prime-time classes in this category (M-Th, 9:00 a.m. to 3:00 p.m.) must comply with standard start times per Senate Policy.
- 3) **All received requests with only on-campus participants must provide a minimum of 3 full business days/24 business hours of advance notice for processing or they will be rejected.**
- 4) **All received requests with off campus participants will require a minimum of 30 days of advance notice for processing. (Additional paperwork will be required from HR & FD&O)**
- 5) **Requests submitted before dates listed on submission timelines will be returned.**

### **Submission Timelines for Single/Multiple Day Activities**

<b>Term</b>	<b>Requested Days</b>	<b>Begin Accepting</b>	<b>Cut Off Date</b>
<b>Fall</b>	M – TH <i>Except Week of Finals</i>	15th day after semester starts	One day prior to first day of Finals
<b>Fall</b>	F – SUN <i>Except Week of Finals</i>	July 1st	One day prior to first day of Finals
<b>Fall</b>	Week of Finals	October 1st	End of Finals
<b>Fall</b>	Online and TBA Classes <i>Except Week of Finals</i>	One month prior to first day of classes	End of Finals
<b>Winter</b>	M - SUN	December 1st	End of Break
<b>Spring</b>	M – TH <i>Except Week of Finals</i>	15th day after semester starts	End of Finals
<b>Spring</b>	F – SUN <i>Except Week of Finals</i>	December 1st	One day prior to first day of Finals
<b>Spring</b>	Week of Finals	March 1st	End of Finals
<b>Spring</b>	Online and TBA Classes <i>Except Week of Finals</i>	One month prior to first day of classes	End of Finals
<b>Summer</b>	M - SUN	April 1st	End of Term

 <p><b>SAN JOSÉ STATE UNIVERSITY</b></p>	<p><b>ACADEMIC SCHEDULING FACILITIES RESERVATION REQUEST FORM</b></p>	TOTAL # OF PAGES:	
		DATE:	

1) COLLEGE / ACADEMIC DIVISION or ENTITY NAME: \_\_\_\_\_

2) DEPARTMENT/ OFFICE NAME: \_\_\_\_\_  
*(if any)*

**3) REQUESTOR INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**4) DEPARTMENT/OFFICE SCHEDULER INFORMATION:** *(If different from requestor)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**5) LECTURE FACILITIES NEEDED:**

TOTAL NUMBER OF ROOMS NEEDED FOR EACH DAY: \_\_\_\_\_ SEATING CAPACITY FOR EACH NEEDED ROOM: \_\_\_\_\_

Preference of building(s), floor(s), room number(s), type of furniture and/or equipment if any. *Please prioritize if more than one:* \_\_\_\_\_

**6) EVENT INFORMATION:** *(Attach a separate sheet if additional space is required)*

DATE (S): \_\_\_\_\_ DAY (S): \_\_\_\_\_ TIME(S): \_\_\_\_\_

**7) EVENT TITLE:** \_\_\_\_\_

**8) EVENT TYPE:** *(i.e. Class Meeting, Workshop, Training, Orientation etc.)* \_\_\_\_\_

**9) EVENT PURPOSE:** \_\_\_\_\_

**10) IS THIS REQUEST RELATED TO OR FOR AN ACADEMIC CLASS?**  
Yes *(if YES, question 10a is required)* No

**10a) IF YES, PLEASE PROVIDE COURSE INFORMATION:** COURSE SUBJECT : \_\_\_\_\_ COURSE NUMBER : \_\_\_\_\_ SECTION NUMBER: \_\_\_\_\_

**11) APPROXIMATE TOTAL NUMBER OF ATTENDEES FOR THIS EVENT:** \_\_\_\_\_

**12) WILL THERE BE ANY OFF-CAMPUS GUEST(S) ATTENDING THIS EVENT?**  
Yes *(If YES, questions 12a,12b,12c &12d are required)* No *(If NO, please skip to 13)*

**12a) APPROXIMATE NUMBER OF OFF-CAMPUS GUEST(S) WILL BE ATTENDING:** \_\_\_\_\_

**12b) DESCRIPTION OF ATTENDEES:** *(if this is an off-campus group please include age range of group, identifying feature(s) such as tee-shirt, hat, color coded tag that the group will be wearing. )* \_\_\_\_\_

**12c) Name of supervisor for the group while on campus:** \_\_\_\_\_

**12d) Contact number of supervisor for the group while on campus:** \_\_\_\_\_

**13) DEPARTMENT SCHEDULER or REQUESTOR SIGNATURE** \_\_\_\_\_

**14) ACADEMIC DIVISION MPP/ DEPT. CHAIR or MANAGER SIGNATURE** \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please Note: By signing this form, the Academic Division MPP/Department Chair or Manager is assuming responsibility for any and all damages incurred during the use of the university facilities.