

Registered Student Organization
Application for Office Space in the Perkins Student Center



Name of Organization _____ Date _____

Organization Representative & Title _____

Email Address _____ Campus/Local Address _____

Campus/Local Phone (_____) _____ Current Membership _____

*Complete the following items in detail (you may use the back of the page)
Office Space will be assigned based on the information provided on this form*

1. Is this a re-application for currently occupied office space in the Perkins Student Center?
YES NO If yes, what is the room number? _____
2. Approximately how many people would you estimate or expect to visit your office space in the Perkins Student Center on a weekly basis? _____
3. For what purpose is your organization requesting office space?
4. RSOs are required to maintain at least 10 office hours* of scheduled staffing per week. Will your organization be able to meet this requirement?
5. What activities would take place during office hours?
6. How would allocating space to your group be an asset to the services and programs of the Perkins Student Center?

PLEASE RETURN THIS FORM TO 107 PERKINS STUDENT CENTER

***Office Hours:** Failure to post and maintain office hours will result in the loss of office space privileges.

For Office Use Only

Processed on:

Decision: