Only SDSU Student Organizations with current on-campus recognition may request a regular meeting space with the Student Union. Union Programs and Services will be following all deadlines set forth by Student Life and Leadership for Student Organizations.

Completed Regular Meeting Reservation Requests will be accepted via email at asmtgsvs@sdsu.edu Monday, March 23rd through Friday, April 10th, 2020. Submissions will be drawn at random to determine the order in which Regular Meeting Requests will be processed. Phone appointments to be scheduled with recognized student organization officers between April 13th to April 17th to review their assignment.

Requests must be submitted by one of the top five officers, as indicated by organizations listed in the SDSU Recognized Student Organization database (RSO). Requests must be submitted by an officer who will maintain officer status through Fall 2020 (i.e. not graduating or leaving their position).

Fall 2020 - Spring 2021

Organization Name: ________________________________________________________________

19-20 Officer’s Name: ______________________________________________________________
Phone Number: ________________________________ E-mail: _______________________________

20-21 Officer’s Name: ______________________________________________________________
Phone Number: ________________________________ E-mail: _______________________________

MEETING ROOM SETUP TYPE: Room assignments to be made based upon availability and regularly expected attendance.

Mark 1 next to first choice, 2 next to second choice:  ___ Lecture  ___ Hollow Square

Each meeting room has a set occupancy. Aztec Student Union staff will monitor and enforce all terms and conditions as set forth in Regular Meeting Reservation Agreements along with all Aztec Student Union Building Use Guidelines at all times. Organizations who violate these terms will jeopardize their current and future reservations.

Reservations for regular meetings will only be held during Academic Semesters. Meeting dates that fall under Holidays and/or outside of Academic Semesters will not be scheduled. In order to maximize the number of organizations and meetings per week, please specify the exact amount of time actually needed for your meeting. Organizations may not exceed more than 2 hours per week, with additional default 15 minute load-in and 15 minute load-out per meeting.

DATE AND TIME: (Please schedule for Fall 2020 - Spring 2021)

Start Date: _____/_____/ 2020 (Space available beginning 8/24/20)  End Date: _____/_____/ 2021 (Space not available after 5/6/21)

DAY OF WEEK / RESERVATION TIME: (Meeting must start on the hour or half-hour)

FIRST CHOICE

Day of the Week: ___ Sunday  ___ Monday  ___ Tuesday  ___ Wednesday  ___ Thursday  ___ Friday  ___ Saturday

Start Time: ______:____ am  pm (Not earlier than 8:00am)  End Time: ______:____ am  pm (No later than 11:00pm)

SECOND CHOICE

Day of the Week: ___ Sunday  ___ Monday  ___ Tuesday  ___ Wednesday  ___ Thursday  ___ Friday  ___ Saturday

Start Time: ______:____ am  pm (Not earlier than 8:00am)  End Time: ______:____ am  pm (No later than 11:00pm)

REGULARITY: □ Weekly  □ Every Other Week  □ Monthly  □ Other (specify dates)____________________________________________

REGULAR EXPECTED ATTENDANCE NUMBER: ________

AUDIO-VISUAL EQUIPMENT NEEDED: □ Yes  □ No

All rooms are equipped with a display and sound system, users must provide a HDMI compatible laptop. Mac adapters are available for checkout at the Information Center.

I understand that I will receive information regarding the status of our application via the contact information I have provided. I agree that the information is correct and I will not hold the Associated Students responsible if any messages to the contact information provided are undeliverable. I also acknowledge that it is our organization’s responsibility to sign and return the Reservations Agreement to the Union Programs & Services Office 10 business days after receiving the agreement along with submission of Event Approval System (EAS).

As an officer of our organization, I hereby state that the information provided in this request is accurate and understand that providing false information may result in forfeiture of our application.

Officer’s Signature ___________________________ Date ________________

Faculty/Staff Adviser’s Signature ___________________________ Date ________________