Only SDSU Student Organizations with current on-campus recognition may request a regular meeting space with the Student Union. Renewal of student organization recognition for the 2015-16 school year must be submitted to Student Life and Leadership, 2nd floor of the Conrad Prebys Aztec Student Union, no later than August 31st, 2015.

Completed Regular Meeting Reservation Requests will be accepted at Union Program & Services Monday, April 20th, through Friday, May 1st, 2015. Upon submission of request recognized student org. officers will receive a random ticket. Tickets will be drawn at random to determine the order in which Regular Meeting Requests will be processed.

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 2015 (i.e. not graduating or leaving their position).

* Student Organization Regular Meetings will not be scheduled the first week of classes of Fall Semester, regular meetings will begin the week of Monday, August 31, 2015.

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**Organization Name:**

Officer’s Name: ______________________________________________________________

Phone Number: ____________________________ E-mail: ____________________________

Alternate Officer’s Name: ______________________________________________________

Phone Number: ____________________________ E-mail: ____________________________

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

**STANDARD ROOMS:** (Subject to availability and restrictions may apply.)

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 regularly 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.

**DATE AND TIME:** (Please schedule for Fall 2015 - Spring 2016)

Start Date: _____/_____/2015 (Space available beginning 8/31/15)  End Date: _____/_____/2016 (Space not available after 5/5/16)

**DAY OF WEEK:** Mark 1 next to first choice, 2 next to second choice:

___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

**REGULARITY:** [ ] Weekly [ ] Every Other Week [ ] Monthly [ ] Other (specify dates)

**RESERVATION TIME:** (Meeting must start on the hour or half-hour)

First Choice - Start Time: _____:______ am [ ] pm (Not earlier than 8:00am)  End Time: _____:______ am [ ] pm (No later than 9:30pm)

Second Choice - Start Time: _____:______ am [ ] pm (Not earlier than 8:00am)  End Time: _____:______ am [ ] pm (No later than 9:30pm)

**REGULAR EXPECTED ATTENDANCE NUMBER:**

**AUDIO-VISUAL EQUIPMENT NEEDED:** [ ] Yes [ ] No

All rooms are equipped with a display and sound system, users must provide a VGA or HDMI compatible laptop. Limited number of Mac adapters are available upon request.

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 prior to the first meeting date.

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 ____________________________