



**UNIVERSITY OF SANTO TOMAS  
COLLEGE OF NURSING**

*España Boulevard, Sampaloc, Manila, Philippines 1015*  
Tel. No. 406-1611 loc.8241 | Telefax: 731-5738 | Website: [www.ust.edu.ph](http://www.ust.edu.ph)

**ROOM REQUEST FORM**

- € Ordinary classroom: \_\_\_\_\_  
€ Nursing Auditorium  
€ St. Elizabeth's Hall (Room 308)  
€ 2<sup>nd</sup> Floor Function Hall (Room 220-224)

**PURPOSE**

Activity: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ AM/PM  
Org/ Dept/ Group/ RLE: \_\_\_\_\_  
CI/ Faculty Adviser: \_\_\_\_\_

*If non-curricular, please provide brief description of activity:*

**ADDITIONAL EQUIPMENT**

*aside from the built-in sound system and LCD*  
*\* to be arranged separately with Equipment Room In-charge*

**CONFORME**

I accept full responsibility for the cleanliness and preservation of the facilities. In the event of damage incurred during use of the said premise, the undersigned is willing to undergo due process and if deemed necessary, pay for the corresponding repairs. I will ensure that lights and air-conditioning units are turned off, the room is left clean and the doors locked.

I also certify that the room will not be used for any other purpose than the one declared above.

Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
Date Filed: \_\_\_\_\_

**APPROVAL**

☐ Approved ☐ Disapproved

\_\_\_\_\_  
*College Secretary*

----- ROVING SECURITY VALIDATION -----



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