## Red Rocks Community College

## **Study Group Room Reservation Form**

Class Info	ormation				
	[Course Name /S	ection] [Day	/(s) & Time(s)]	[Instructor Name]	
Preferred	Day(s) Requested		Time	es	
				es [Maximum 2 hours per week]	
Alternate	Day(s) Requested		Time	es	
First Meet	ring Date:Last Me	eting Date:	Num	[Maximum 2 hours per week] hber of Students (minimum of three)	
The Learn	ning Commons may be able to	supply a free	tutor to work	with your study group.	
To reques	st a tutor contact <b>Randy Land</b> i	s-Eigsti at 303-9	914-6736 or <u>Rai</u>	ndy.Landiseigsti@rrcc.edu.	
Are you re	equesting a Tutor to meet with yo	ur study group?	Yes No_		
If requestir	ng a tutor, please list <u>ALL</u> Names,	S Numbers, & S	tudent Email o	n the back of this sheet	
	Study Group Or	ganizer Con	act Informa	ation	
Name	Student ID Number				
Phone	Student Email				
	<u>Imp</u>	ortant Informa	<u>tion</u>		
•	If the room is locked, please check at the Student Life desk 303-914-6370.  After hours, contact Campus Police at 303-914-6394 or in their office located behind the information desk in the main lobby				
•	<ul> <li>If your group is scheduled in the Clear Creek, Green Mtn., or Mt. Evans, you must check in with the Student Life Desk. Three absences of the group will result in cancellation of the reservation and the time slot will be given to another group. There are snacks available at the student life desk when you check in.</li> </ul>				

Contact Student Life for Information and Reservations

to accommodate college events. We will do our best not to disrupt your schedule and will help you locate an alternative room, if the need arises.

• Be aware that, on occasion, study groups may need to be rescheduled

@ 303-914-6900 or Stephanie.Cahill@rrcc.edu

FOR OFFICE USE ONLY					
Room Assignment	Day(s)		_Time(s)		
Notes					
	Staff Initials	Date reserved			

	Name (First & Last)	Student #	Student E-mail
1			
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