Edward E. Brickell Medical Sciences Library Group Study Rooms Reservation Form

To submit this form electronically, download form to your computer before filling out.

Please note: Only faculty can reserve group study rooms. There are 25 available rooms: 9 on the third floor and 16 on the second floor. Most study rooms contain a conference table with 8-11 chairs, VCR, large wall-mounted monitor with speakers, and white boards. All study rooms have wi-fi access for EVMS associates. Laptops, computer cables, stand up desks, white board markers, and other items are available for checkout.

| Date | | | | | | |
|--------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|------|
| Instructor/Staff Department Course Name This room use supports a class or instruction that is | | Email Phone Course Number | | | | |
| | | | | Credit | Non-Credit | |
| | | | | DESCRIPTION of g | roup / PURPOSE of group sessi | ion/ |
| | | | | | | |
| | | | | | | |
| NUMBER of participal Please RESERVE | pants/approximate group size _ | | | | | |
| ONE group | study room | | | | | |
| MORE TH | AN ONE group study room | (1 | number of rooms) | | | |
| For the follow | ving times and dates: | | | | | |
| From (time) | To (time) | DAY | / DATE | | | |
| | | | / | | | |
| | | | / | | | |
| | | | / | | | |
| | | - | for your group session? A description of your | | | |
| technology needs will | help library staff match the best | room to your ne | eds and prepare for your visit. | | | |
| | | | | | | |
| | | | | | | |
| study. You are respo | onsible for the condition of the | room at the end | y and observing the needs of others for quied of occupancy. Do not attach anything to the vidual or department reserving the room. | | | |
| | You will receive a con | firmation cop | by of this request | | | |
| Approved by | | Date approved | | | | |
| ROOM/S RESERVED Room # | | on Floor # | | | | |

Please address any questions regarding this form or our reservation policy to Kerrie Shaw, Director of Library Services, at shawks@evms.edu or 446-5847. We will make every effort to fulfill your request and will contact you if any circumstances arise that may interfere with your reservation.