

REQUEST TO USE THE
OSA CONFERENCE ROOM 2/ PERFORMING ARTS STUDIO and OLD NEDA Parking Lot
 (for Non-UPM University-based Student Organization Users)

Date: _____

Office/Organization : _____
 Name of Activity/Purpose : _____
 Venue : ☐ Performing Arts Studio ☐ OSA Conference Room 2 ☐ Parking Lot
 (Room reservation link: (<https://rooms.upm.edu.ph>); [View Rooms \(upm.edu.ph\)](#))

Time: _____ Date/s: _____

NOTE: Kindly ensure that your desired schedule is reserved through the Room Reservation Portal before the Office of Student Affairs (OSA) approves your activity permit.

 SIGNATURE OVER PRINTED NAME
 (Requesting Office/Organization)

Contact Number/s: _____

Action Taken: ☐ Approved
☐ Disapproved

Remarks: _____

PROF. ODESSA N. JOSON, MA
 Director, Office of Student Affairs

POLICIES:

1. Request to use the OSA facilities between 8:00 am to 8:30 pm, Mondays through Fridays must be submitted at least three (3) days before the activity date. **Please note that the use of rooms is not permitted on Sundays and holidays.**
2. Always observe cleanliness. Do not leave the trash inside the room.
3. A photocopy of the approved request must be submitted to the Guard on Duty for security and monitoring purposes and for the issuance of the key.
4. Lost keys, fixtures, and equipment shall be replaced by the concerned person/organization
5. Damaged facility/ due to misuse or negligence shall be charged to the user for repairs and/or replacement.
6. All lights and air conditioning units must be turned off immediately after the activity.
7. Tables and chairs must be brought back from their original place if moved.
8. The Office of Student Affairs (OSA) must be informed of any changes in the use of the facilities at least a day before the scheduled use.
9. All door/s of the room must be locked immediately after use.
10. Students/Student organizations using the conference room or studio are required to bring their equipment needed for the activity in the conference room/studio.

Conforme: _____
 Signature Over Printed Name

PURSUANT TO DATA PRIVACY ACT OF 2012, I am giving permission to the Office of Student Affairs for the lawful use of my personal information. I further certify that the information contained are true and correct.

 (Signature over printed name)