The purpose of this policy shall be to insure maximum availability of academic facilities for University sanctioned academic/social activities.

1. Smoking is allowed only in designated areas. Use of alcoholic, controlled substances, food and/or drinks are not allowed in academic rooms.

2. The Office of Student Life has the responsibility for the conduct of student groups while they are using University facilities and has the authority to establish such rules and regulations as it deems necessary in order to carry out this responsibility.

3. The use of the athletic facilities will be subject to rental fees and regulations as established for their use.

4. The sale or distribution of food items must be reviewed by the Kalamazoo Health Bureau five days prior to event (383-8882).

PLEASE SEE REVERSE SIDE
Procedures for Western Michigan University Student Groups

1. Request for lobby space within academic buildings must be initiated **5 Working days** preceding the activity in the Office of Student Life, 2420 Student Services Building (387-2115).

2. The Office of Student Life upon confirming the eligibility of the group, will request a lobby space from the specific Building Coordinator. The Building Coordinator determines whether the request should or should not be granted.

3. The Office of Student Life will send the Building Coordinator 3 completed copies of the Lobby Space Request Form which will be used to officially confirm the reservation and notify Custodial Services and Public Safety of the aforementioned.

4. There will be no charge to student groups unless special services are requested or abnormal custodial care or damage results (i.e. public address, special equipment set-up, special custodial services, etc.)

Distribution:

Specific Building Coordinator
Public Safety
Custodial Services
Student Life Office
Requestor

SIGNATURE OF REQUESTER ___________________________ DATE __________
STUDENT LIFE AUTHORIZATION________________________ DATE __________

To be completed by Plant Maintenance and Facilities

Charges ( If applicable ) ____________________________________________
Fund and Cost Center to be charged____________________________________
Beginning Time ____________________________ __________________________
Custodian in Charge_________________________________________________

Rev. 8/97 osl/syquest/forms