

CCI CHANGE AND CANCELLATION FORM

FOR ROOMS, WORK ORDERS AND/OR OUTDOOR EVENTS

PRINT NAME OF ORGANIZATION: _____

ROOM RESERVATION

CIRCLE ONE →

CHANGE

CANCEL

ORIGINAL REQUEST(S):

PLEASE LIST BELOW THE EXACT DATE(S), TIME(S) AND ROOM NUMBERS THAT YOU HAVE BEEN ASSIGNED (CHECK YOUR ROOM CONFIRMATION SHEET FOR THIS INFORMATION) FOR ANY RESERVATION THAT YOU ARE TRYING TO CHANGE. IF THIS IS A CHANGE FOR A SEMESTER LONG RESERVATION YOU CAN PUT "SEM" AND THE DAY OF THE WEEK FOR THE DATES. EXAMPLE: "SEM / MON" FOR ALL MONDAYS.

DATE(S): _____

DATE(S): _____

TIME(S): _____

TIME(S): _____

LOCATION(S): _____

LOCATION(S): _____

DOES THIS CHANGE/CANCELLATION INCLUDE: _____ WEEKEND ROOM USE CHARGE* _____ SPECIAL EQUIPMENT

* **CANCELLATION MUST BE MADE AT LEAST 2 WORKING DAYS PRIOR TO THE APPROVED RESERVATION TO RECEIVE A REFUND.**

FOR RESERVATION CHANGE, INDICATE TYPE OF CHANGE:

LOCATION

DATE

TIME

NEW REQUEST:

DATE(S): _____ TIME(S): _____

PROPOSED LOCATION: _____

PLEASE RETURN FOR THE COPY OF THIS ROOM CHANGE FORM AFTER IT HAS BEEN PROCESSED AND ATTACH IT TO YOUR ORIGINAL ROOM CONFIRMATION SHEET.

TO BE COMPLETED BY CCI OFFICE:

ROOM ASSIGNED: _____

PRINT NAME OF AUTHORIZED REPRESENTATIVE: _____ PHONE: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

APPROVAL: _____

CAMPUS & COMMUNITY INVOLVEMENT OFFICE STAFF

DATE

OFFICE USE ONLY: SCHEDULING: _____ NAMES: _____ DATE: _____

REFUND CHECK PICKED UP BY *: _____

* **CANCELLATION MUST BE MADE AT LEAST 2 WORKING DAYS PRIOR TO THE APPROVED RESERVATION TO RECEIVE A REFUND.** DATE

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Revised 10/04