

UNIVERSITY OF ALABAMA SCHOOL OF NURSING  
UNIVERSITY OF ALABAMA AT BIRMINGHAM  
GRADUATE STUDIES IN NURSING

**GRADUATE COMMITTEE MEETING ROOM REQUEST FORM**

*PRINT LEGIBLY OR TYPE*

**You must receive official notification from the Graduate School that your committee has been appointed before this form can be processed.**

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE
ADDRESS: _____ Telephone: _____		CURRENT STATUS: <input type="checkbox"/> MSN THESIS	
Email address: _____		<input type="checkbox"/> DOCTORAL DISSERTATION	
DATE OF GRADUATE SCHOOL APPOINTMENT OF CURRENT GRADUATE COMMITTEE: _____			
CURRENT GRADUATE COMMITTEE MEMBERS: (Please use spelled correctly full name and Dr., Mr., Ms., etc. for all committee members.)			
1. _____ Address: _____	5. _____ Address: _____		
2. _____ Address: _____	6. _____ Address: _____		
3. _____ Address: _____	7. _____ Address: _____		
4. _____ Address: _____	8. _____ Address: _____		
DATE OF GRADUATE COMMITTEE MEETING: _____		TIME OF GRADUATE COMMITTEE MEETING: (Usually two hours are reserved.) _____ am/pm to _____ am/pm	
PURPOSE OF GRADUATE COMMITTEE MEETING: (check all that apply)			
<input type="checkbox"/> Admission to Candidacy <input type="checkbox"/> Final Defense*			
DESCRIBE ANY REQUESTS FOR AUDIOVISUAL EQUIPMENT: (podium, slide projector, etc.) *You may request a specific room (it will be assigned to you if it is <u>not</u> reserved)			
_____ _____			
<i>Continued on other side</i>			

\*FOR ADMISSION TO CANDIDACY OR FINAL DEFENSE, GIVE COMPLETE AND ACCURATE TITLE:

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Review of form and approval of chairperson needed for these scheduled committee meetings. Chairperson please note that **this form cannot be processed until official notification regarding approval and appointment of the committee has been received by the Graduate School.**

\_\_\_\_\_  
Signature/Approval of Chairperson

NOTIFICATION OF ROOM ASSIGNMENT WILL BE MAILED TO YOUR HOME ADDRESS UNLESS YOU CHECK ONE OF THE BOXES BELOW:

- STUDENT MAILBOX (Graduate Study Area)       OTHER \_\_\_\_\_

**RETURN FORM TO:**

School of Nursing Room 301  
1701 University Boulevard  
University of Alabama at Birmingham  
Birmingham, AL 35294-1210

**NOTE:** Completion of this form is sufficient to secure a room for your committee meeting, as well as facilitate notification of each committee member, the Program Director and Dean of the Graduate School regarding room assignment. DO NOT complete any other forms for room reservation.

**No forms will be accepted less than two weeks prior to the requested meeting date.**