

Florida A&M University  
**School of Allied Health Sciences**

**Simulation Laboratory**  
**Space Utilization Request Form**

Name of Requestor \_\_\_\_\_ Title \_\_\_\_\_

School/College \_\_\_\_\_

Division \_\_\_\_\_

Campus Address \_\_\_\_\_

Campus Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Utilization \_\_\_\_\_ TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_

**PURPOSE OF UTILIZATION**

Requestor  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval  
Signature \_\_\_\_\_ Date \_\_\_\_\_

SIM Lab Coordinator

**A completed and signed copy of this form must be submitted to the Dean's Office.**

**NOTE: Individual requesting space utilization accepts full responsibility for the security of instructional technology and the physical condition of the simulation laboratory.**