

Reservation of Lecture Room (s) / Boardroom
Faculty of Graduate Studies, University of Jaffna

01	Date of the Event	
02	Time of the Event	From : To :
03	Request From	
04	Details of the Event	
05	Needed Facilities	
05	Number of Participants	

.....
Date

.....
Signature of the Requester

For Office Use Only

The above reservation is approved

The above reservation is not approved for the following reason

.....
.....
.....
.....

Date :

.....
Signature of the Assistant Registrar