



**OFFICE OF THE ASSOCIATE DEAN
FOR RESEARCH, EXTENSION, AND PUBLICATION**
College of Social Sciences and Philosophy
University of the Philippines Diliman

FACULTY LOUNGE RESERVATION FORM

Name: _____
Unit: _____
Date and Time: _____
Purpose: _____

(PUT "X" ON THE SPACE PROVIDED)

_____ **Projector**
_____ **Utensil/s**
_____ **Screen**
_____ **Other Facilities and Materials (pls. specify)**

Reserved by:

Signature over Printed Name

Recommending Approval:

OADREP Representative