

REQUEST FOR STUDENTS TO STAY AT THE FACULTY AFTER NORMAL WORKING HOURS

	NAME & SURNAME	ID NUMBER	CONTACT NUMBER	COURSE (YEAR)	REQUESTED DATE	REQUESTED TIME	REASON FOR STAY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Person responsible for the above-listed group: _____

Name in full

Signature

Date of Application: _____

Dean's Approval: _____

Date of Approval: _____

IMPORTANT:

1. Applications are to be submitted to the Faculty Office at least **3 days before requested date**.
2. **All persons** staying at the Faculty after-hours must fill in their information for security purposes.
3. Request will **only be valid after endorsement is given** by the Dean and Precinct's Office.
4. **All persons** staying at the Faculty after-hours must **sign in and out** with Security personnel.
5. **Disciplinary action will be taken** against any person/s abusing this concession.