

This is a record of what you have requested.
This is not a tentative or confirmation email.
A separate email will be sent once your request has been reviewed.
Please allow up to 5 business days for processing.

Requestor's Contact Information

This request is being made on behalf of a:	Student Organization
Name of Organization or Department	Student Association of Black Women Dentist
Name of Requestor	Mikelle Evans
Email	mevan82@lsu.edu
Phone	4432203993
Faculty Advisor's Name	Chloe David
Faculty Advisor's Email	cdavi37@lsu.edu

Room Request Information

Name of Meeting/Event	Black Women in Leadership & Wellness: Leading with Purpose
Building	Coates
Coates Room Number	145
Number of Rooms	1
Number of Seats per Room	90
Days of the Week	Friday
Beginning Date	Feb 06, 2026
End Date	Feb 06, 2026
Beginning Time	05:30 PM
End Time	08:30 PM

Acknowledgement

In all classroom spaces, sanitation stations and disinfecting wipes are in each room. Additionally, classrooms have been equipped with HEPA filtration systems, which should remain “ON” at all times. Removing disinfecting materials, altering the seating in any way, and/or unplugging/turning off the HEPA filtration system is considered vandalism of university property. If your group is found to violate this policy, you may be referred to the Office of Student Advocacy and Accountability and you will be banned from reserving classroom spaces for one calendar year.

I have read and understand the statement regarding consequences for tampering with university property.

I am aware that no food or drink is allowed in any general purpose classroom. I understand that disregarding this rule may jeopardize future reservation requests.

I am aware of the policy.

I understand that this submission is a request for space, but my above preference(s) may not be available. My reservation will only be guaranteed once I receive confirmation via email.

I am aware of the policy.

I am aware that if my request is not submitted at least ten business days prior to the first meeting/event occurrence, the LSU Office of the University Registrar reserves the right to deny the request. I also understand that if my request is not for the current term, it will not be processed until the dates outlined on the OUR website.

I am aware of the policy.

I authorize that all information provided on this form, including any and all personal, financial and academic data may be shared with the LSU Office of the University Registrar and appropriate partners to facilitate the process. This data will be securely retained indefinitely. To learn more about privacy at LSU, please visit lsu.edu/privacy

I authorize.
