



## Faculty Housing guest apartment reservation form

Requester Full Name:

Guest Full Name\*\*:

Event Name \*:

Title or Position:  AUC Department Name:

Email address:  Telephone Extension:

Mobile Number:

Arrival Date:  Departure Date:

Number of Adults:  Number of Children:  Method of Payment:

Requester's signature:

Department Chair's signature:

Dean's signature:

VP for Management and Operations or Executive Director, Integrated Services' signature\*:

- Guests of AUC academic departments should be approved by the Department Chair and Dean.
- Guests of AUC faculty should be approved by the Department Chair and Dean.
- Guests of AUC staff or non-academic offices should be approved by the Vice President (VP) for Management and Operations or Executive Director, Integrated Services.

\*\* To be filled for Guests of Staff / Faculty / AUC Departments.