

WSU IAREC DORMITORY SPACE REQUEST

Tenant Name (First/Last): _____	
Expected Arrival: _____	Expected Departure (if known) _____
Gender: Female ___ Male ___	Tenant Type _____
_____	_____
Sponsor/Project Leader Name	Sponsor/Project Leader Signature & Date

Email completed request to prosser.dorm@wsu.edu or put a signed hard copy in the Dorm mailbox.

TO BE COMPLETED BY DORMITORY MANAGER:	Date Received: _____
This request has been ___ Approved	
___ Denied	Reason for Denial _____
_____	_____
Dormitory Manager Name	Dormitory Manager Signature and Date