

## Academic Innovation Center (AIC) Approval Request Form

This form is to be completed by a Bryant University Faculty or Staff member. Students who would like to use the AIC must have an advisor complete and process this form. To reserve the AIC: First, please check 25LIVE (25Live.bryant.edu) to make sure the AIC Forum, Classrooms and/or Breakout Rooms are available. Submit your request to reserve the space via 25Live. Your space is not confirmed booked until the AIC Approval Request form is reviewed and approved by the AIC staff. This form must be processed and approved at least <u>one month</u> prior to your event. For more information or to inquire about the use of the AIC space please e-mail <u>aicsupport@bryant.edu</u>.

Name of Event:				
Course Name: Course Number:				
	mic nature of the event if not part of a course. Supplemental materials may be sent as an attachment to aicsupport@bryant.edu)			
Contact Person:	Sponsor:			
Department or Bryant Student Group Name	e:			
Phone: E	mail:			
Day of Week □ SUN □ MON	I.   TUES.   WED.   THURS.   FRI.   SAT.			
•				
Event Date:				
Set up Time: Event Sta	arts: Event Ends: Clean up Time:			
Number of Attendees: Estimated Net Income Generated (outside groups only): \$				
Will you need Audio Visual (A/V) Assista	ance?  YES NO			
A/V Needed:				
Will you be serving food? ☐ YES ☐	NO			
If yes, please indicate what type of mea	ıl/refreshments you will be serving:			
Please note that all food and beverage must be	served out of the café area.			
Light Refreshments				
☐ Buffet Meal Served Meal				
Which room(s) are you requesting for y	our event? Please check all that apply.			
☐ AIC Forum	Car Cronn. I rouge oncon an anal apply.			
☐ Classroom(s): If yes, please indicate v	what classroom(s) you would like to			
Flat Classrooms (6) - Capacity 48	# of Flat Classrooms			
☐ Tiered Classrooms (5) - Capacity 50				
, , ,	dicate what breakout rooms you would like to reserve.			
Breakout Rooms (23) - Capacity 6	# of Breakout Rooms			

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Name of Event:			
Contact Person:			
AFTER APPROVAL PROCESS:			
Once approved by the Provosts office, this form will be a 25-live. It is your responsibility, as the requestor, to coord staff@bryant.edu.			
Please Initial here:This indicates that you h	nave read the stateme	nt above.	
It is your responsibility, as the requestor, to coordinate a such as room setups. Please note that all food and beve the Forum or classrooms.			
Please Initial here:This indicates that you h	nave read the statemer	nt above.	
BRYANT UNIVERS	SITY OFFICE US	SE ONLY	
Signatures:			
It is required that your Department Division Head of your	division to sign this for	m indicating his/her a	pproval.
		☐ Denied	☐ Approved
Department Head	Date		
Accesists Divestor AIC 9 Academic Operations	D 1-	Value Space: \$	
Associate Director, AIC & Academic Operations	Date	☐ Denied	☐ Approved
Director Faculty Development & Innovation	Date	<u> </u>	<u> </u>
		☐ Denied	☐ Approved
Divisional VP	Date	<del></del>	
		Denied	Approved
Dean	Date		
		☐ Denied	☐ Approved
Provost	Date		
Provident Assume to describe upon todiffer requested \	Data	☐ Denied	☐ Approved
President (May require depending upon facility requested.)	Date		
N	OTES		

1150 Douglas Pike • Smithfield, RI • 02917-1284 • P (401)232-6943 • F (401)232-6552 • aicsupport@bryant.edu Please first download form and save to desktop. Once you fill out the form re-save document to computer and e-mail to the AIC Staff.

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