



LAGOS STATE UNIVERSITY, OJO
OFFICE OF THE REGISTRAR
FACILITY USE APPLICATION FORM

PART A (To be filled by applicant)

- 1. NAME:
2. PHONE NUMBER: PF NO:
3. FACULTY DEPARTMENT:
4. FACILITY APPLYING FOR:
5. PURPOSE OF USE:
6. EXPECTED NUMBER OF AUDIENCE:
7. PROPOSED DATE OF USAGE:

I hereby undertake to diligently handle the facility being sought for use and that its status at inspection shall be maintained and restored after use. That the Department, Faculty of shall be liable for the cost of repair of any damage that may arise over the period of the usage.

Signature: Date:

DAMAGE MANDATE FOR SURCHARGE

I hereby authorize that the Faculty's / Directorate's Vote should be surcharged for damage that may arise from the use of the

Name: Designation Sign & Date:

PART B (Official use only)

Facility Management Officer's comment:

Signature: Date:

Registrar's Approval:

Signature: Date: