



Application for a Reserved Parking Space

Name: _____

Job Title: _____

Department: _____

Phone Extension: _____

Email Address: _____

Does your job require you to make multiple trips to and from the University during your work day? If yes, please describe below. Use additional pages if needed.

Name and Signature of Requestor

Date

Name and Signature of Supervisor*

Date

Name and Signature of Cabinet Level Supervisor*

Date

Submitting this application does not guarantee that you will be granted a reserved space. *Your Supervisor and your Cabinet Level Supervisor must sign your request for you to be considered for a reserved parking space. The decision of the Parking, Traffic and Safety Committee will be submitted to the Vice President for Student Affairs for final approval.

Date Received: _____

Date Reviewed by Committee: _____

Recommendation: YES ___ NO ___