

**University of Houston Handgun Exclusion Zone Form**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Division: \_\_\_\_\_

Department: \_\_\_\_\_

Time frame from: \_\_\_\_\_ to: \_\_\_\_\_

Description of Exclusion Zone:

Policy basis for Exclusion zone:  
(Refer to MAPP 07.01.05, Part V, Subsection L: Criteria for Exclusion Zones)

Section:

Description:

Preliminary placement of signage to entrances:  
(Note the final placement will be determined by DPS and Plant Ops).

Campus Safety Committee Recommendation:

Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: