Classroom Change Request Form

Date: ______________________  Semester/Year: ______________________

Course Number: __________________  Course Title: __________________

Day/Time Class Meets: ___________________________________________

Faculty Name: _________________________________________________

Faculty Phone Number or Email Address: _________________________

Current Classroom: ______________________

Number of Students: ______

Reason for Request:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

We will review the request and notify you as soon as possible.

Please note that, unless there is an emergency, classrooms are not usually changed until after the add/drop period ends. This permits us to know final registration figures before changes are made.

Thank you for your cooperation.

Office Use Only:

Y: _____  N: _____

Astra: _____  Datatel: _____

CM: _______  Rev. 05/10