

**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.

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Office Use Only:

Y: \_\_\_\_\_ N: \_\_\_\_\_

Astra: \_\_\_\_\_ Datatel: \_\_\_\_\_

CM: \_\_\_\_\_