

**Classroom Change Policies:**

1. Classroom change requests will not be accepted until one week prior to the term start date.
2. Classroom change requests will not be considered until after the add/drop period has concluded.
3. Submission of this form does not guarantee that your request will be fulfilled.
4. Classroom changes may be processed based on the current enrollment of a course and are subject to availability of alternative classroom space.

Semester:  Fall  Winter  Spring  Summer      Year: \_\_\_\_\_

Subject: \_\_\_\_\_ Course: \_\_\_\_\_ Section: \_\_\_\_\_

Course Title: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Division/Department: \_\_\_\_\_

Current Classroom: \_\_\_\_\_

Requested Classroom (if applicable): \_\_\_\_\_

Reason for Request:

- Accessibility
- Not enough seating
- Insufficient technology

Please describe:

*I understand that my request will not be reviewed until after the add/drop period has concluded, and submission of this form does not guarantee a classroom change. Classroom changes are subject to the availability of alternative classroom space.*

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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