Classroom Change Request Form

Instructor Name: __________________________  Date: ______________

Email: ______________________________  Semester/Year: __________

Subject and Course #: ____________________  Section #: __________

Course Title: ________________________________

Meeting Days and Times: __________________________

Current Classroom: __________________________

Requested Classroom (if applicable): __________________________

Number of students (currently enrolled): _________

Reason for Request:

□ Accessibility

□ Not enough seating

□ Insufficient technology

Please describe: ____________________________________________

________________________________________________________________

________________________________________________________________

Please submit this form via email to registrar@mville.edu. We will review the request and notify you as soon as possible. Thank you for your cooperation!

** NOTE: Unless there is an emergency, classrooms may not be changed until after the add/drop period has ended. This allows us to know final registration figures before changes are made. **