

Classroom Change Request Form

Date: _____

Semester/Year: _____

Faculty Name: _____

Phone: _____ Email: _____

Course #: _____ Section #: _____

Course Title: _____

Day/Time Class Meets: _____

Current Classroom: _____

Number of students (currently enrolled): _____

Reason for Request:

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

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

Thank you for your cooperation!

Office Use ONLY:

Y: ____ N: ____

Astra: ____ Colleague: ____