



## Course Room Change Request Form

Name of Person Making Request:

Date of Request:

Telephone Extension:

CHC E-mail Address:

### Course Information:

Instructor Name:

Course Name/Number:

Course Section:

Day(s) of week course meets:

Time(s) course meets:

Current enrollment:

Current room assignment:

### Reason for classroom change:

*Please provide a specific rationale for the classroom change.*

### New Location Preference:

*Please list the classrooms you request the class be moved to.*

1<sup>st</sup> Choice:

2<sup>nd</sup> Choice:

3<sup>rd</sup> Choice:

### Additional Comments:

*Please return via email or hardcopy to the appropriate Division Dean.*

*This request must be approved and the room change is posted by the dean's office before any class may be moved.*