

CLASSROOM RESERVATION REQUEST

DATE RECEIVED

RSVT #

OFFICE USE ONLY

**PLEASE ALLOW 5 BUSINESS DAYS TO PROCESS THIS REQUEST.
YOUR RESERVATION IS NOT FINAL UNTIL YOU HAVE RECEIVED AN E-MAIL NOTIFICATION FROM THIS OFFICE!**

CONTACT INFORMATION

ACADEMIC DEPARTMENT:

CONTACT PERSON:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER(S):

E-MAIL ADDRESS:

COURSE INFORMATION

TERM NEEDED:

COURSE (subject & number):

CALL NUMBER:

CLASS TIME: Start -

End -

DAYS CLASS MEETS:

M

T

W

R

F

MAXIMUM ENROLLMENT:

INSTRUCTOR'S NAME (first and last):

IF THIS IS A CROSSLISTED COURSE PLEASE LIST BELOW ALL SECTIONS WITH WHICH IT IS CROSSLISTED

COURSE	CALL #		COURSE	CALL #		COURSE	CALL #

CLASSROOM INFORMATION

CURRENT ROOM ASSIGNMENT FOR THIS COURSE (if one):

ARE YOU REQUESTING A DIFFERENT ROOM OR AN ADDITIONAL ROOM?

IF A DIFFERENT ROOM, WHY?

PREFERRED BUILDINGS:

CLASSROOM FEATURES NEEDED (check all that apply):

movable seating

auditorium seating

seminar seating

table top seating

technology level 1

technology level 2

technology level 3

marker board (rather than chalk)

wheelchair accessibility