

CLASS ROOM CHANGE REQUEST FORM

PLEASE ALLOW FIVE BUSINESS DAYS FOR PROCESSING

Directions & Steps:

Room changes are processed up to May 5th for the Fall term and December 5th for Spring term. Room size and course capacity limits take precedence over all other requests. Your patience is appreciated.

- 1) **Faculty:** Complete this form electronically, save, and send as an email attachment to your Department Chair for Approval.
- 2) **Department Chairs:** If you approve, enter your name, and email the form to your Academic Dean.
- 3) **Academic Dean:** If you approve, enter your name, and send the completed form to registrar@delval.edu
- 4) **Registrar:** Will attempt to accommodate the room request and let the Faculty, Chair, and Dean know when the change has been made.

Faculty Contact Information:

Name:	Click here to enter text.	Date:	Click here to enter text.
Email:	Click here to enter text.	Phone:	Click here to enter text.

Classroom Change Request:

Course (ex: HR-1001):	Click here to enter text.	Section Number:	Click here to enter text.
Current Room:	Click here to enter text.	Number of Students:	Click here to enter text.

Reason for Change:

- Room Size Need Technology
 Need Handicap Accessible Facilities Other (Please Specify Below)

Comments / Remarks

Click here to enter text.

Approvals (If you do not approve please notify the faculty member):

Department Chair Name:	Click here to enter text.	Date:	Click here to enter text.
Academic Dean Name:	Click here to enter text.	Date:	Click here to enter text.

Please send to Registrar@DelVal.edu after final approval.