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 Academic Scheduling
 Office of the Registrar
 Regent 105 – 020-UCB

SPECIFIC-ROOM REQUEST

Request for Specific Classroom Features

Semester _____ Year _____

Date _____
 Dept _____
 Name _____
 Extension _____

This form should be used to request specific rooms due to features, e.g. maps, specimens, or because of an instructor's physical limitations, or for those teaching back-to-back classes. NOTE: Requests for the following features should be keyed in on screen 134: AVM (audiovisual), SMT (internet access), SEM (seminar room), TAC (moveable chairs).

We will accept this form anytime before the stated deadline. Help us serve you better by submitting your form early!

Course No.	Section No.	Days	Time (Start-Stop)	Building	Room	Course Limit	Remarks	Posted (Leave Blank)

Approved by _____
Department Chair Date

Approved by _____
Academic Scheduling Date

Approved by _____
Dean's Signature Date

