

Bergen Community College
 SCHEDULING OFFICE
 Permanent Room Reassignment Request Form

Instructor Name _____ Extension # _____ Date _____

Semester/Year _____ Department _____

Course/Section	Title	Days	Time of Day	Room	Enrollment

Reason for Request: _____

First Choice Room Request _____ Second Choice _____

Conditions for Room Changes:

1. Room changes will take place after the change of registration is completed.
2. **Priority will be given to classes that are too large for the original classrooms assigned.**
3. Small classes will be reassigned to smaller classrooms.
4. Change of any other classrooms will be made after the first two (2) weeks of classes.

PLEASE NOTE: The Scheduling Office must be allowed a minimum of four (4) working days to process this written request. In an emergency, a room will be tentatively reserved for one working day but will not be officially processed until this form is filed in the Scheduling Office. Submit this request to the Office of the Assistant Academic Vice President for final disposition (A-310).

Signature of Instructor _____

Assistant Academic Vice President _____ Date _____

SCHEDULING OFFICE USE ONLY

Scheduling Office _____ Date Filed _____

Approved [] Room Assigned _____ Instructor Notified _____

Denied [] Rationale _____

