## **Room Change Request Form**

Rooms are assigned to classes based on room utilization and teaching requirements. After the batch room scheduling process has been completed for the term, requests may be submitted for room changes. Changes will be approved on an individual basis and each term only. To request a change, complete this form and email or fax it to the Office of the Registrar at registra@uark.edu or 575-4651.

## CHANGE BEING REQUESTED : (please check all that apply)

Class size has changed and a new room needs to be assigned
Other (please explain)
Class Features/Room Characteristics needed to teach class
Subject/Catalog/Section Number: (e.g. ENGL 1023 001) Term :
Class Days: Monday Tuesday Wednesday Thursday Friday Saturday
Class Times: from to: Class Dates: from to:
For the request listed above, please provide a justification for changing the room assignment.
If relevant, address any of the following impacts in the justification:
<ul> <li>Impact on students with regard to registering for other classes</li> <li>Impact on room utilization</li> </ul>

Name:		Date:
Email:		Telephone Number:
	To be completed by O	fice of the Registrar
○ Request Approved	C Request Denied	
Comments:		