

Bergen Community College
 SCHEDULING OFFICE
 Permanent Room Reassignment Request Form

Instructor Name _____ Email _____

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.

Signature of Instructor _____

SCHEDULING OFFICE USE ONLY

Scheduling Office _____

Approved [] Room Assigned _____

Denied [] Rationale _____
