

Student Academic Records and Financial Services Student Response Center

232 Capen Hall, University at Buffalo, Buffalo, NY 14260

ROOM CHANGE REQUEST FORM

Purpose of this form:

- This form is used to request room changes after the initial scheduling process has been completed.
- For room change requests, it is preferable that the Room Change Request Form is used rather than the Critical Change Form because this form requests specific information not contained on the Critical Change Form.

Policies regarding this form:

- Once this form is received in Scheduling, we will look for a new room and contact you if we have a room available. We will keep this form on file as it may take several weeks or months for a new room to become available. Please be patient.
- Departments will be responsible for posting room changes and notifying students.

Notes:

• In the 'Preferred Location' field, a suggested new location can be listed.

Attention: Scheduling Fax: 645-7764

 A justification or reason for the change must be listed on the form. You may also indicate any technology or non-technology needs here.

Complete all of the following information:

Return this fo			ademic Processi				
Signature:					Date:		
Department :	Scheduler –	Print Name: _					
Preferred loc	cation:						
Current locat	tion (Room a	nd Building): _					
Force cap:		 					
Days:				Times:		 	
Dept Abbrev.:		Course Number:		Section:		Туре:	
Semester:	Fall	Spring	Summer	Year:		Reg. Num:	

Updated: March 2004