DAY / EVENING ROOM REQUEST FORM
175 Central Ave.

TO: Technical Assistant, 175 Central Ave., Albany, 12203

Fax: 629-4299 Phone: 629-4747

FROM: ____________________________________ __________________________________________
(NAME) (OFFICE) (PHONE) (FAX)

DATE: _______________________________

INSTRUCTIONS: If you are interested in making a room change complete this form as per the requirements of the Agreement between Hudson Valley Community College and Hudson Valley Community College Faculty Association, article VII, section H.

BEGIN DATE AND END DATE (Please be specific): ________________________________________________

TIME ROOM IS NEEDED: ________________________________________________________________

ROOM PREFERENCE, LAB OR CLASSROOM:

______________________________________________________________

COURSE AND SECTION NUMBER / TITLE / MEETING:

______________________________________________________________

THE FOLLOWING SIGNATURES MUST BE OBTAINED BEFORE SUBMITTING THIS FORM TO THE TECHNICAL ASSISTANT.

DEPARTMENT CHAIR DATE

DEPARTMENT DEAN DATE

OFFICE USE ONLY:

□ REQUEST APPROVED

□ REQUEST DENIED; REASON: _______________________________________

SIGNATURE: ____________________________________ DATE: ________________________

Revised 6/2015