



Instructor Room Change Request Form

Borough of Manhattan Community College 199 Chambers Street, S315
 The City University of New York
 www.bmcc.cuny.edu New York, NY 10007-1097
 tel. 212 220-1290
 fax. 212 220-1254

Today's Date: _____ Term: _____

Instructor's Name: _____ Department: _____

Instructor Contact Number/Email: _____

Reason for Change:

- Need Blackboard/WhiteBoard (Please Circle One)
- Need Computer Lab
- Need Classroom
- Room is too Small for Class Size
- Classes Back to Back
- Other _____

Course & Section	Current Room	Day(s)	Start Time	End Time	# of Students

Requestor's Signature: _____

Registrar's Office Use Only

Course & Section	Old Room	New Room

- Sign E-Mail System

We are unable to reserve room(s) for the dates and times listed above.

**Please drop this form at the Registrar's Office S315 for processing.
 If you have any questions please contact Kin Kong at ext 1296 or kkong@bmcc.cuny.edu**