

REQUEST FOR ROOM RESTRICTION (dedicated room)

Date: _____ Dept. / Program _____

Requestor: _____ Extension: _____ E-mail: _____

Restriction Request:

Building: _____ Room #: _____

Room type (Check appropriate box):

General Classroom
 Media Classroom
 Laboratory
 Studio
 Resource Center
 Seminar Room
 Conference Room
 Athletic field or court
 Performance Space
 Other: _____

Classroom should be restricted to _____
 (Department / Program)

Courses to be scheduled in room:

Course Prefix	Course Number	Course Name

Add additional lines, as needed

Justification for Restriction Request:

Provide detailed information to explain the unique characteristics and/or safety considerations that necessitate that the space not be available to other areas even with department/program approval when not scheduled by the department/program, thus limiting the space for use ONLY by the department/program. **Expand box as needed.**

Request approved by:

1. _____
Department Assistant Dean Signature **Date**

AND

2. _____
Division Dean Signature **Date**

AND

3. _____
Vice President of Instruction Signature **Date**

Preference entered in Astra _____
 (Scheduling Office) initials / Date