

**UNIVERSITY OF MICHIGAN SCHOOL OF NURSING
CLASSROOM REQUEST FORM**

Please submit requests in duplicate. Return forms to Room 1235, 400 North Ingalls Bldg, 0482, PH (734)936-1410, FAX (734)936-3644

Date _____ Course Number _____
 Phone _____ Division _____ Course Name _____
 Number of Participants _____ Instructor _____

***Official Lecture/Seminar Start Time _____ am/pm End time _____ am/pm**

**TIME WILL BE PUBLISHED IN UNIVERSITY SCHEDULE OF CLASSES AND POSTED ON LOBBY BULLETIN BOARD
 Please be sure this is accurate!*

1) Lecture/Seminar Information

Confirmed

Day/Date Start		
Day/Date End		
Start/End time		
Room choice(s)		
Second Choice		

2) Orientation Information/Breakout Rooms

Day/Date		
Start/End Time		
Room Choice		
Second choice		
Breakout rooms		
Time/day		

3) Lab Information-

Day(s)	M	T	W	TH	F	
Start/End time						
# of Sections						

4) Final Exam Information

Day		
Start/End time		
Room Choice		

Special Considerations *Note: AV requests must be made on AV request form.*

I have reviewed all information and verified day and time are correct as submitted to the Office for Academic Affairs and reported to the University Registrar's Office.

Scheduling Liaison signature _____

rmreqjan02