



JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
 OF CRIMINAL JUSTICE

REGISTRAR'S OFFICE 1280N
 OFFICE: 212-237-8109
 FAX: 212-237-8875

ROOM CHANGE FORM

Date _____ Division UNDERGRADUATE _____
 GRADUATE _____

Requested by _____ Office # _____

Professor's name _____ E-mail _____

CODE	COURSE	NUMBER	SECT	DAYS	TIME	ROOM
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Number of students enrolled _____

If there is a preference of room, floor or bldg please indicate here _____

Reason for change:

- _____ Room too **small**
- _____ Room too **noisy**
- _____ Room inconvenient due to **equipment** needs
- _____ Room doesn't have enough **blackboards**
- _____ Room has no working **outlets**
- _____ Room has no **screens**
- _____ **Other**, please describe below:

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 DO NOT WRITE BELOW THIS LINE

NEW ROOM _____