#### GalCollegeLogo

#### ROOM ADJUSTMENT REQUEST

**NAME: SEMESTER/YEAR:**

**STUDENT ID# COURSE#** **ROOM #:**

(Example: N-313)

**Days Class Meets**  **M**  **T**  **W**  **TH**  **F**  **S**

**Time Class Meets: Start Time:**  am pm **End Time:**  am pm

**Furniture Needs: Placement Needs:**

Straight Back Chair with arms  Place furniture in the front of the classroom

Straight Back Chair armless  Place furniture in the back of the classroom

Cushioned Chair with arms  CART screen

Cushioned Chair armless  Other (please specify):

Wheelchair accessible table

Podium tip/leaning lectern

Access to electrical outlet

Other (please specify):

**Comments:**

**Student Signature: Date:**

**Counselor Signature: Date:**

**Multiple requests?  Y  N Request #:**

**Date Received:**