#### 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:**