

DELAWARE VALLEY UNIVERSITY  
*Office of the Registrar*

**PLEASE ALLOW FIVE BUSINESS DAYS FOR PROCESSING**

**Faculty Contact Information:**

Name:		Date:	
Email:		Phone:	

**Classroom Change Request:**

Course (ex: HR-1001):		Section Number:	
Current Room:		Number of Students:	

**Reason for Change:**

Room Size

Need Handicap Accessible Facilities

Need Technology

Other (Please Specify Below)