|  |  |
| --- | --- |
| 2019-08-27_10-52-00 | Petition for Pre-Assigned Room  |
| This form gives you the opportunity to explain why a particular course needs pre-assignment. The Classroom Review Team process may take up to one month. |

**NOTE: Pre-assignments are authorized for just two main reasons: (1) ADA needs and (2) Specialized equipment needs (such as spectrum analyzer, dental operatory, gas lines, pianos, etc.)**

Any "Other" reason requires compelling justification and time for review/vetting. "**Other" *does not* include:** instructor preference, historic usage, instructor office location, or back-to-back scheduling,

|  |  |  |
| --- | --- | --- |
| Pre-Assignments generally apply to *courses*, not classes or sections. | **Course Subject Code:**  | **Catalog Number:**  |
| **Course Title:** | **Course Description (from Course Catalog):** |
| Your area has been given a spreadsheet that lists existing approved pre-assignments. If you need a copy, please request via email***. If you wish to change an existing pre-assignment***, please use this form, but check the “Change to Existing” box. |
| **Request is: \_\_\_ New \_\_\_A Change to an Existing Pre-Assignment** |
| **Why does this course need a Pre-Assigned Facility ID?** • Place an “X” in the appropriate box • Complete “Other” for non-standard needs       This is a new course (built for the first time) for Term \_\_\_\_\_\_\_      This classroom is new, has been remodeled, OR was not in the system at the time of the last class build.       ADA need. Have you contacted NAU Disability Resources to begin processes? \_\_\_ Yes \_\_\_ No  (If “No,” begin process at <https://in.nau.edu/disability-resources/>) SoC will await their notification.  Instructor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of Requirements, such as Specialized equipment/technology or geographic needs. **Please be very specific.**  .      Other (please provide explanation):  |
| **We request this course be assigned to room** (ex: 003-013)(Do not use nickname, such as “SBS 12”)      —      (Cap\_\_\_ ) **If this Facility ID is unavailable, we could possibly accept:**      —      (Cap\_\_\_) MUST have exact required features as 🡹. |
| Authorized Unit Requestor’s Name, e.g., Scheduler/Chair:                       | Date:       |
| Chair’s Signature:                       | Date:       |
| **E-mail this form as an attachment to** registrar.scheduleofclasses@nau.edu.  Please do not send directly from a scanner/copier, since we cannot send a reply to such machines.Please use an informative Subject Line, such as:* The Classroom Review Team process may take up to one month. SoC will respond to your request as soon as the committee review is complete.
* If the request is approved, the unit will be responsible for indicating the room *during each build* and assuring its availability.
 |

Revised June 2020