



OHIO UNIVERSITY

Office of the University Registrar
1 Ohio University
Chubb Hall
Athens, OH 45701
Fax: 740.593-0216
Email: scheduling@ohio.edu

REQUEST FOR CENTRAL CLASSROOM - Capacity 99 or more

Complete this form and return to scheduling@ohio.edu by the deadline posted on the [scheduling deadlines calendar](#) for the corresponding semester.

Academic Year and Semester _____
Year Semester

Class ID: _____
Subject Catalog Section

Maximum Enrollment: _____

Meeting Pattern (1st Choice): M T W R F Start Time: _____ End Time: _____

Meeting Pattern (2nd Choice): M T W R F Start Time: _____ End Time: _____

Room Preferred (1st Choice):

Room Preferred (2nd Choice):

Special Equipment Needs or Structural Arrangements:

Any Lab/Discussion Sections Linked to this Section:

Other Notes (i.e., whether meeting pattern or room takes priority; if maximum enrollment is flexible; back-to-back instructor class scheduling, etc.):

Submitted by: _____
Name Date

Email Phone

INTERNAL USE ONLY

Date Received: _____ Final Meeting Pattern: _____

Date Completed: _____ Final Room Assignment: _____