

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Academic Space Outage Request

1. This form should be completed and approval signatures collected each time an academic space is requested to be taken out of service.
2. An updated form should be submitted for review if changes to the original, approved request occur.
3. Academic Scheduling requires a minimum of one-semester's notice of anticipated outages.
4. While Academic Scheduling will attempt to relocate impacted classes, relocation accommodations cannot be guaranteed in all cases.

Department:	Departmental Contact:		
Building:	Email:		
Room:	Campus Phone:		
Room Type:	Update to Earlier Request?	Yes	No

Nature of Outage and Resulting Impact to Room Scheduling:

Anticipated Outage Start Date:

Anticipated Outage End Date:

Identify all room changes that will result from outage.

Room Number:	Room Seating Type:
Room Type:	Room Technology:
Room Size (Physical Area):	
Room Capacity:	Departments with Scheduling Priority:
Room Attributes (e.g. white boards, lab equipment, etc.):	
Additional Comments:	

Approved By

Department Chair:	Date:
College/School Dean:	Date:
Office of Educational Outreach: <i>(changes in video conferencing equipment availability only)</i>	Date:
Office of the Provost:	Date:
Academic Scheduling Confirmed Outage with Department	Date:

AS Received:	
Banner Updated:	
EMS Updated:	
Terms Affected:	

Return copy to:	College/School	
	Ed Outreach	
	Facilities Mgmt	
	ITS	