

ROOM CAPACITY CHANGE

NAME: _____

DEPARTMENT: _____

EMAIL: _____

PHONE NUMBER: _____

BUILDING NAME: _____

ROOM NUMBER: _____

SEATING TYPE: _____

ROOM TYPE: _____

CURRENT CAPACITY: _____

REQUESTED CAPACITY: _____

ROOM AVAILABILITY (list times when room is available for review):

ROOM DETAILS: _____

Office Use Only:

DATE IN: _____

DATE OUT: _____

BY: _____

FCFP: _____

Room capacity change requests will be processed within a week.

If you have questions or concerns, please contact:

Heather Mills – hmills@ksu.edu