

## EXAM ROOM REQUEST

Please fill out the requested following information on this form and email the form to **ccb\_academic\_coordinator@chem.rutgers.edu** with the **Subject: Exam Room Request**.  
**Please fill out a separate form for each course.**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Course: \_\_\_\_\_

Exam Dates	Time of Exam	Campus	Number of Rooms needed	Number of students to accommodate in EXTRA rooms ( <b>Minimum number</b> )	Preferred Room(s)		
					1st choice	2nd choice	3rd choice