

Review Session Request Form

This form is used to schedule review sessions for the current semester.
PLEASE ALLOW A MINIMUM OF THREE DAYS FOR PROCESSING

In order to expedite your request, please fill out this form **completely**.

Professor(s) _____ Today's Date _____

Telephone # _____ Email _____

Name of Class _____

Type of Classroom Preferred _____

Date of Review Session _____ Time of Review
Session (From-To, AM or PM) _____

Approximate Enrollment _____ Room Assigned (completed by Student Life) _____

AV Arrangements Requested

Digital Recording of Class

Other (Describe)

Information for the Office of the Registrar

Email Notification Requested

**If your class is being scheduled with less than 24 hours of notice, please call Lou Fine in the Office of the Registrar at (202) 662-9224. Thank you.*

Forward Confirmation to _____

Please Note: All review session are listed on the "Today" sheet.

Submit this request to: The Office of Student Life, McDonough 171
Fax: (202) 662-9261
Email: studentlife@law.georgetown.edu

Room Assigned by: _____ Date: _____ Booking Code: _____