Fall Semester 2026 Course Request Form

Submit requests for Fall Semester courses by May 27th.

Submit Form to Joshua Floyd, Coordinator of Dual Enrollment
Bland Hall, Room 102A
Office Phone: 276-223-4110
Email: jfloyd@wcc.vccs.edu

School **Semester** **Year**

Date Fall Semester Begins: _____ Ending Date: _____

WCC Course Name And Number	Anticipated Number of Sections	Anticipated Time of Class (Block or Period)	Anticipated Total Number of Students	Instructor's Name (If employed by public school)	New or Returning Instructor
Ex. CHM 111	3	1st, 2nd, 3rd block	60	Mitchell	Returning

***** When Master Schedule is completed, please fax established meeting times for each class.**

Person completing this form _____

Name Position

_____

Phone Number Email