Fall Semester 2023 Course Request Form

Submit requests for Fall Semester courses by Apr. 15.
Submit Form to Joshua Floyd, Coordinator of Dual Enrollment
Bland Hall, Room 102A
Office Phone: 276-223-4110
Email: jfloyd@wcc.vccs.edu

<table>
<thead>
<tr>
<th>School</th>
<th>Semester</th>
<th>Year</th>
</tr>
</thead>
</table>

Date Fall Semester Begins: ___________________ Ending Date: _______________

<table>
<thead>
<tr>
<th>WCC Course Name And Number</th>
<th>Anticipated Number of Sections</th>
<th>Anticipated Time of Class (Block or Period)</th>
<th>Anticipated Total Number of Students</th>
<th>Instructor’s Name (If employed by public school)</th>
<th>New or Returning Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. ENG 111</td>
<td>2</td>
<td>4th block</td>
<td>60</td>
<td>Ogle</td>
<td>Returning</td>
</tr>
</tbody>
</table>

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

Person completing this form ____________________________
Name ____________________________________________
Position _________________________________________

Phone Number ___________________________ Email ________