

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

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. ENG 111	2	4 th block	60	Ogle	Returning

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

Person completing this form _____

Name Position

Phone Number Email
