

Fall Semester 2024 Course Request Form

Submit requests for Fall Semester courses by April 25th.

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. HIS 121	1	4 th block	15	Coman	Returning

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

Person completing this form _____
 Name Position

 Phone Number Email
