Spring Semester 2024 Course Request Form

Submit requests for Spring Semester courses by Nov. 19th.

Submit Form to Joshua Floyd, Dual Enrollment Coordinator Bland Hall, Room 102A

Office Phone: 276-223-4110 Email: jfloyd@wcc.vccs.edu

School			Semester	Year	_
Date Spring 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 246	1	4 th block	60	Jones	Returning
*** When each class.		ıle is completed,	please fax establ	ished meeting tin	nes for
Person com	pleting this form	Name		Position	_
		Phone Number		Email	