

Fall Semester 2025 Course Request Form

Submit requests for Fall Semester courses by May 17th.

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. PNE 141	1	1 st and 2 nd block	15	Hawks	Returning

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

Person completing this form _____

Name

Position

Phone Number

Email