

Spring Semester 2025 Course Request Form

Submit requests for Spring Semester courses by December 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. MTH 161	1	4 th block	18	Goad	Returning

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

Person completing this form _____
Name Position

Phone Number Email