

CLASS SCHEDULING REQUEST FORM

INSTRUCTOR NAME: _____

DATE: _____

Course (as appears in catalog): _____
ex. ARCH 1500

Credit Hours: _____
ex. 5

Days and Times: _____
ex. MW 10:00AM-11:30AM

Grad or Undergrad?: _____

Semester: _____
ex. Spring 23

Instruction Mode: _____
ex. Face-to-Face

Enrollment Cap: _____

Co-Teaching?: _____

Equipment Request:

Room Request: