Class Scheeduling Request

Term/Semester Code_____ Primary Site: _____

Course Code:_____ Section: _____

Class Title: _____

Credits: _____ Credit Type:: _____

Faculty Name:_____

Dates: (if not full term) _____

Capacity: _____ Room Type: _____

Days/Times_____

Processing Notes:

_____

Term/Semester Code_____ Primary Site: _____

Course Code:_____ Section: _____

Class Title: _____

Credits: _____ Credit Type:: _____

Faculty Name:_____

Dates: (if not full term) _____

Capacity: _____ Room Type: _____

Days/Times_____

Processing Notes:

Submitted Date: _____ By: _____

Class Scheduled Date: _____ By: _____