

SCHEDULING REQUEST FORM

COURSE & SECTION: _____ **TITLE:** _____

CAMPUS	STATUS	SCHEDULE TYPE	GRADING MODE	ROOM REQ'MTS	RESERVES
<input type="checkbox"/> Abbotsford <input type="checkbox"/> Chilliwack <input type="checkbox"/> Mission <input type="checkbox"/> Hope <input type="checkbox"/> Online <input type="checkbox"/> Other (give details)	<input type="checkbox"/> Active <input type="checkbox"/> Pending <input type="checkbox"/> Cancelled	<input type="checkbox"/> Regular class <input type="checkbox"/> Lecture linked to lab <input type="checkbox"/> Lab linked to lecture <input type="checkbox"/> DIS or GIS <input type="checkbox"/> Challenge/PLA	<input type="checkbox"/> Letter grade <input type="checkbox"/> Credit/No Credit <input type="checkbox"/> Not gradable	<input type="checkbox"/> VCR & monitor <input type="checkbox"/> Blackboard <input type="checkbox"/> Whiteboard <input type="checkbox"/> Smart Room <input type="checkbox"/> Tablet arm chairs <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Specific Room</div>	Seats Major code
MAX ENROLLMENT: _____		These maximums correspond to the numbers approved at UPAC for this course (in some cases quite some time ago). If they are not what is expected, then please discuss it with your Dean.			

TIMES AND DATES

CLASS STARTS	CLASS ENDS	S	M	T	W	R	F	S	BEGIN TIME	END TIME
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NOTE(S) FOR STUDENTS TO INCLUDE ON TIMETABLE

INSTRUCTOR (Include Emp ID)

Prerequisites (as they are in the calendar)

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Department Head:	
Date:	

If revenue from section must be directed to a specific budget code, state details.