

SCHEDULING REQUEST FORM

COURSE & SECTION: _____ TITLE: _____

CAMPUS <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)	STATUS <input type="checkbox"/> Active <input type="checkbox"/> Pending <input type="checkbox"/> Cancelled	SCHEDULE TYPE <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	GRADING MODE <input type="checkbox"/> Letter grade <input type="checkbox"/> Credit/no credit <input type="checkbox"/> Not gradable	ROOM REQ'MTS <input type="checkbox"/> VCR & monitor <input type="checkbox"/> Blackboard <input type="checkbox"/> Whiteboard <input type="checkbox"/> Smart Room <input type="checkbox"/> Tablet arm chair <div style="border: 1px solid black; padding: 2px; width: fit-content;">Specific Room</div>	RESERVES 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.			

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