Class Offering Form

Institution: _____Campus: _____Semester and Year: _____

Program Name: _____ Academic or Workforce: _____

CLASS NAME	ROOM #	CLASS # (CA & CV)	INSTRUCTOR NAME	START DATE	CERT. DATE	END DATE	DAY(S) OFFERED	TIME OFFERED	CAPACITY

Program Name: _____ Academic or Workforce: _____

CLASS NAME	ROOM #	CLASS # (CA & CV)	INSTRUCTOR NAME	START DATE	CERT. DATE	END DATE	DAY(S) OFFERED	TIME OFFERED	CAPACITY

***Capacity should reflect the number of distinct seats for each class.**

This form is due 90 days prior to the start date of each program, per campus.
Incomplete/incorrect forms will be sent back for correction.
All documents should be submitted to postsecondary@wsdtx.org