

Instructions

- Fill out and submit your form by email to <u>ContactUADL@uakron.edu</u>
- An Outlook confirmation will be sent to you. Be sure all information is correct.
- For all first time users, contact Walter Jevack for training at 330-972-6805 / jevack@uakron.edu
- Use a separate form for each course.

CONTACT INFORMATION														
Requester Name											Date	3		
Requester email address														
Instructor Name														
Instructor email address														
Department														
COURSE INFORMATION														
	LOCAL													
Course Name				Course Numbe										
Term Year			Fall 🗆		Spri	ing 🗆		Summer 🗆 Se			Session:	ssion:		
Start date		End	date			Start tii	t time				End time			
Day(s) Mond	ay 🗆	Tuesda	у 🗆	Wednesda	y 🗆 🛛 Th		nursday			Friday			Saturday 🗆	
	Location requested							Se	ctior	n num	ber of ea	ach	location	
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