Case Western Reserve University Schedule of Classes Data Request Form

Reserve Capacity Request

	Semester	Year		
Effective Tern	n			
School			Acad Org/Dept	
Course Subj	1		Course Catalog Nu	mber
	Please Select a V	alue From Each of the Drop	-Down Lists Below	
Condition to Met	o be		Condition Operator	
Please	Enter a Description of th	e Value(s) to be Included in	ı the Reserve Capac	ity (e.g. ANT-BA Plan)
Conditio Value				
Requestor Name		Requestor Phone Number	Re	equestor Email

For questions regarding this form, please contact the University Registrar's Office at courses@case.edu or 216-368-4318. Please print and fax this form to 216-368-8711.