USF UNIVERSITY OF SOUTH FLORIDA

SPECIAL NEEDS FORM

PRESCHEDULING DATA WORKSHEET

THIS FORM IS TO BE USED FOR REQUESTING SPACE FOR COURSES WITH "SPECIAL NEEDS" SUCH AS EQUIPMENT CONSTRAINTS, DISABILITY ACCESS, CHALKBOARD SPACE, ETC.

FOR ACADEMIC DEPARTMENTS AND SCHEDULING OFFICE USE ONLY

Semester: _____ , _____

COURSE INFORMATION						
Department	**Subject/ Prefix**	**Course Number**	**Section Number**	**Preferred Day/Time**	**Preferred Building/ Room**	**Reason Needed**

Special Notes (Any special requirements for course):					
Academic Department:					
Contact Person:		**Phone Extension:**		**Email Address:**	

NOTE: If there are any questions, please contact the Scheduling Office at (813) 974-2462. This form is to be returned to the Scheduling Office (SVC 5022) no later than the date specified on the Registrar's Office Schedule Timetable.

OFFICE OF THE REGISTRAR
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