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| Learning Management System - Course Request Form |
| Complete this form to the best of your ability and submit it via email to pierre.lavial@aviator.edu. All selections can be changed after the Moodle has been set up. |
|    |   |    |
| **Your Name** |   |  |
|   |   |   |
| **Your Email Address** |   |  |
|   |   |   |
| **Department** |   |  |
|   |   |   |
| **Official Course Name** |   |  |
|   |   |   |
| **Course Number** |   |  |
|   |   |   |
| **Section Number** |   |  |
|   |   |   |
| **Semester Teaching** |   |  |
|   |   |   |
| **Course Description** |   |  |
|   |   |   |
| **Course Format**(if you are not satisfied with your selection, you can change this setting after the Moodle is set up) |   |  |
|   |   |   |
| **Questions/Comments** |   |  |
|   |   |   |