



Course Configuration Form

Blackboard Learning Management System

Coordinator Name:		Contact: (Work/Mobile)	1. 2.	Email Address: (UTT & Personal Email)	1. 2.
Department:		Programme Name:		Today's Date:	1 April 2009

Instructor Name	Instructor's Email (UTT & Personal Email Addresses)	Telephone Contact	Course Code	Course Name	Semester (I, II, III)	Commencement Date	Campus Location	Status Full-time /Part-time
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Configuration Request Details (for official use only)

Date Received	Sender	Status	Follow up Action Required	Action By, Sign & Date