



OFFICE OF THE UNIVERSITY REGISTRAR

# UT HEALTH SCIENCE CENTER<sup>®</sup>

SAN ANTONIO

## Instructor/Staff Table Request

**Please note:** The request form is used to make faculty or staff available to the Schedule of Classes Meeting Patterns in Curriculum Management. Please allow 3-5 business days for processing.

Name: \_\_\_\_\_ HSC ID: \_\_\_\_\_

Role: Staff  Faculty  Title: \_\_\_\_\_

Add Access  Delete Access

Access to begin:

Fall/Academic Year  Spring  Summer  Year: \_\_\_\_\_

Course Subject(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Additional course subjects (if needed):

Name of Requestor: \_\_\_\_\_ Title: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requests can be emailed to: [Registrars@uthscsa.edu](mailto:Registrars@uthscsa.edu)