



COLLEGE of
ALLIED HEALTH SCIENCES



COLLEGE of
DENTAL MEDICINE

Sandbox Request Form

1. Course that needs to be made available in a sandbox for the purpose of forward semester preparation:

Year:

Semester:

Prefix:

Number:

Name:

Section (M, Web, SHD, or XLS):

2. Username of the faculty member who needs to be enrolled as instructor in this sandbox:
3. Any special instructions (e.g., what to add to or exclude from the past course, if anything):

4. Date of the request:

5. Name of the person making the request:

6. Please return the completed form to glaws@gru.edu.