CRN:

Date:

Office Use:

DATE



CHAIRPERSON

DATE

DEPARTMENT NAME								1.										
COURSE REFERENCE NUMBER	DEPARTMENT ABBREVIATION	COURSE NUMBER	SECTION NUMBER	col	URSE TITLE						3.		SUMME	-R	20			
MAX CLASS SIZE	CATEGORY OF INSTRUCTION TYPE CREDIT				CREDIT HOURS FIXED/MIN MAX				BEGIN					MEETING DATES END				
BUILDIN	IG NAME	ROOM NUMBER	CLASS STARTING		AM/PM	CLASS OPPING TIME	AM/PM			DAYS	OF THE	WEEK			SOONER ID		INSTRUCTOR'S NAME	: RANK COD
			STARTING	TIME	31	OPPING TIME		MON	TUES	WED	THURS	FRI	SAT	SUN				
BUILDING NAME		ROOM NUMBER	CLASS STARTING TIME		AM/PM ST	CLASS OPPING TIME	AM/PM	MON	DAYS OF THE WEEK ON TUES WED THURS FRI SAT SU				SUN	SOONER ID		INSTRUCTOR'S NAME	E RANK COD	
BUILDING NAME		ROOM NUMBER	CLASS STARTING TIME		AM/PM ST	CLASS COPPING TIME	AM/PM				DAYS OF THE WEEK WED THURS FRI SAT SUN		SOONER ID		INSTRUCTOR'S NAME	: RANK COD		
BUILDING NAME		ROOM NUMBER	CLASS STARTING		AM/PM ST	CLASS OPPING TIME	AM/PM	MON	TUES		OF THE		SAT	SUN	SOONER ID		INSTRUCTOR'S NAME	RANK COD
				SPECIAL RE	STRICTIONS: INI	DICATE SPECIAL	RESTRICTIONS	(MAXIM	UM OF 4) WHICH	APPLY TO	O THIS C	COURSE					
3.		CO-REQUISITES: L	IST COURSES IN	WHICH STUD	OFNT MUST RE (ONCHERENTIA	/ FNROLLED		 4. 							SDECIV	AL CODE	
		CO-REGUISTIES: L	isi courses in	WHICH STUD	PLIAL MINOST DE C	ONCORRENTLY	LINKOLLED							Prerequisite Imperative - Student not permitted to enroll without it	Permission of Instructor. Advisor, and Dean required Permission of Department required	Cross Listed Courses	Uniform evening or irregularly scheduled exam Henors Courses	Course identified for \$-U grading only.

DEAN