



DEPARTMENT NAME _____

1. FALL 20__
2. SPRING 20__
3. SUMMER 20__

ADD
DELETE

COURSE REFERENCE NUMBER	DEPARTMENT ABBREVIATION	COURSE NUMBER	SECTION NUMBER	COURSE TITLE

MAX CLASS SIZE	CATEGORY OF INSTRUCTION	TYPE CREDIT	CREDIT HOURS		MEETING DATES	
			FIXED/MIN	MAX	BEGIN	END

BUILDING NAME	ROOM NUMBER	CLASS STARTING TIME	AM/PM	CLASS STOPPING TIME	AM/PM	DAYS OF THE WEEK							SOONER ID	INSTRUCTOR'S NAME	RANK CODE
						MON	TUES	WED	THURS	FRI	SAT	SUN			

BUILDING NAME	ROOM NUMBER	CLASS STARTING TIME	AM/PM	CLASS STOPPING TIME	AM/PM	DAYS OF THE WEEK							SOONER ID	INSTRUCTOR'S NAME	RANK CODE
						MON	TUES	WED	THURS	FRI	SAT	SUN			

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						MON	TUES	WED	THURS	FRI	SAT	SUN			

SPECIAL RESTRICTIONS: INDICATE SPECIAL RESTRICTIONS (MAXIMUM OF 4) WHICH APPLY TO THIS COURSE															
1.															
2.															
3.															
4.															

CO-REQUISITES: LIST COURSES IN WHICH STUDENT MUST BE CONCURRENTLY ENROLLED										SPECIAL CODE									

CHAIRPERSON _____ DATE _____ DEAN _____ DATE _____

Office Use:	CRN: _____
	Date: _____