

University of South Alabama
Schedule of Classes Maintenance Form

Term _____
College _____
Subject _____

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CRN	\$ F W L R Q	Course Number	Section Number	Session (D)ay (E)vening (W)eekeend	Day Codes (Check meeting days-space provided for additional meeting times)							Begin Time (24 hour format)	End Time (24 hour format)	Building	Room	Max Cap	Schedule Type	Instructional Method	Instructor (Last Name, First Name) D Q G - D J 1) X P E H U
					U	M	T	W	R	F	S								

CRN

Variable Title (If Applicable)

Special Permission (Yes or No) Special Permission Approval (I)nstructor / (C)hair / (D)ean

Comments Full Term (Yes or No) Part of Term

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					U	M	T	W	R	F	S	

3 U H S D U H G % \ Date Phone Number (P D L O 5 H Y L V H G