



1 FALL 20____
 2 SPRING 20____
 3 SUMMER 20____

ADD
 DELETE

DEPARTMENT NAME _____

OU-6035

CRN	DEPARTMENT ABBREVIATION	COURSE NUMBER	SECTION NUMBER	COURSE TITLE

MAX CLASS SIZE	CATEGORY OF INSTRUCTION	TYPE CREDIT	CREDIT HOURS Fixed/Min Max	BEGIN	MEETING DATES	END

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

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BUILDING NAME	ROOM NUMBER	CLASS STARTING TIME	AM/PM	CLASS STOPPING TIME	AM/PM	DAYS OF WEEK							SOONER ID	INSTRUCTOR'S NAME	RANK CODE
						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

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Prerequisite Impenetrable - Student not permitted to enroll without it.

Permission of Instructor, Advisor, and Dean required.

Permissions of Department required.

Cross Listed Courses

Uniform evening or irregularly scheduled exam.

Honors Course

Course identified as Online only.

CHAIRPERSON _____

DATE _____

DEAN _____

DATE _____