

MASTER SCHEDULE DATA

ORIGINAL
 CHANGE

DEPARTMENT/SCHOOL _____
 SEM/YEAR _____

CALL NO	COLL	DEPT	CRSE	SECT	TITLE	RM	BLDG	INSTR'S NAME	CAP	M	T	W	R	F	S	BEGIN	END	CR HRS
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DEPT. CHAIRPERSON _____ DATE _____ SCHOOL DEAN _____ DATE _____

RECEIVED BY _____ DATE _____ PROCESSED BY _____ DATE _____