MASTER SCHEDULE DATA

ORIGINAL

CHANGE

DEPARTMENT/SCHOOL _____   SEMESTER/YEAR ----------------------------------

CALL NO	COLL	DEPT	CRSE	SEC	TITLE	RM	BLDG	INSTR'S NAME	CAP	M	T	W	R	F	S	BEGIN	END	CR HRS

DEPT. CHAIRPERSON _____   **DATE**_____   **SCHOOL DEAN**_____ **DATE**_____

RECEIVED BY_____   **DATE**_____   **PROCESSED BY**_____ **DATE**_____