



University of South Alabama
Schedule of Classes Maintenance Form

Term _____
College _____
Subject _____

Action	Course Number	Section Number	Session (D)ay (E)vening (W)eekend	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 and Jag Number)
				U	M	T	W	R	F	S								
CRN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								J00_____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Is this a variable hour course?	Variable Title (If Applicable)													Special Permission (Yes or No)		Special Permission Approval (I)nstructor / (C)hair / (D)ean		
<input type="checkbox"/> Yes <input type="checkbox"/> No														<input type="checkbox"/> Yes <input type="checkbox"/> No				
Variable Hours		Comments												Full Term (Yes or No)		Part of Term		
													<input type="checkbox"/> Yes <input type="checkbox"/> No					

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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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CRN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								J00_____
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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Variable Hours		Comments												Full Term (Yes or No)		Part of Term		
													<input type="checkbox"/> Yes <input type="checkbox"/> No					

Prepared By _____ Date _____ Phone Number _____ Email _____